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ABSTRACT

Aimed at program directors, college officials, faculty, advisory committee members and agency field instructors, the guidebook presents information on associate degree mental health/human service program development. Background information regarding the mental health technology movement over the last ten years and various professional and financial issues are discussed in the introduction. Section one suggests various needs assessment approaches, outlines potential program objectives, examines program structure and organization in terms of intraorganizational and interorganizational relationships, and discusses faculty recruitment and orientation, and student recruitment and selection. Section two examines specific curriculum objectives in terms of cognitive objectives, skill objectives, and values, attitudes, and self-awareness, discusses teaching techniques and arranging and planning field experiences, and examines systematic and structured student evaluation procedures. Section three discusses the program's role in developing jobs for its students, establishing community advisory committees, and maintaining effective community relations. Section four examines administrative responsibilities, style, recognition and other administrative issues, and discusses budget, cost analysis, funding, and funding resources. (LH)

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A GUIDEBOOK FOR MENTAL HEALTH / HUMAN SERVICE PROGRAMS

AT THE ASSOCIATE DEGREE LEVEL

ED148419

January, 1976

Southern Regional Education Board
130 Sixth Street, N.W.
Atlanta, Georgia 30313

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Foreword

For the past ten years the Southern Regional Education Board has been involved with a series of projects to assist the development of programs to train and use mental health workers at the associate degree level. During this time the "movement" has grown from a small handful of seven college training programs to a nationwide total of 175 such programs with thousands of graduates.

The most recent SREB project has been concerned with faculty development for these training programs. The project's advisory committee strongly urged that the project prepare this publication, a guidebook for associate degree mental health/human service programs, as a help for program directors, college officials, faculty persons, advisory committee members and agency field instructors.

A task force and several subcommittees made up of college program directors and faculty contributed their time and effort to thinking through issues and preparing earlier drafts. We are grateful for their participation and efforts.

We also wish to acknowledge the work of Mr. Capers O. Brazzell who was project director during this last two-year project.

All of the work of the SREB in the area of mental health/human service technology has been supported by the Experimental and Special Projects Branch of the National Institute of Mental Health. This particular project was supported by Grant Number 1 T21 MH13537 from that Branch. We are grateful for their financial support, but we particularly appreciate the consultation and personal support which the staff of the Branch have consistently given to our efforts.

Harold L. McPheeters, M.D.
Director, Commission on Mental Illness and Retardation

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Introduction

BACKGROUND OF THE MENTAL HEALTH WORKER MOVEMENT

Until ten years ago, the traditional mental health manpower system was made up of fully qualified professionals (psychiatrists, clinical psychologists, psychiatric social workers, and psychiatric nurses) and a large number of psychiatric aids or attendants with no training other than a short period of in-service training after they were employed. There were virtually no "middle-level" workers. Because most of the professionals required many years of training in their basic professions, they preferred prestigious positions in urban settings. Thus there were severe manpower shortages in public services and in facilities that were remote from large population centers.

In 1959, Dr. George Albee, in Mental Health Manpower Trends, suggested that it should be possible to train workers for mental health more directly and in far less time than was required for the traditional professionals. However, six years passed before serious attempts were begun to train workers in such programs. In 1965, The Experimental and Special Training Branch of the National Institute of Mental Health awarded a grant to the Fort

Wayne, Indiana Extension Program of Purdue University to train mental health workers at the Associate of Arts level. At the same time it awarded a grant to the Southern Regional Education Board (SREB) to bring together a group of community-junior college officials and mental health professionals to explore whether it was feasible and desirable to train workers for mental health in the two-year colleges which were rapidly being created and expanded in the 1960's. These colleges had not previously offered training programs in the human services, but they were proving to be versatile and innovative, and they were located close to the people they served. They offered promise to meet the mental health manpower shortages if workers could be prepared in two-year training programs.

It was the consensus of the SREB conference that it was both feasible and desirable to train mental health workers in the community colleges, and SREB was urged to take the leadership in helping them do so. Again with support from the Experimental and Special Training Branch of NIMH, SREB began a project in January, 1968, to work with the community colleges and a few other colleges of the South in the development of Associate of Arts level mental health worker programs. In addition, the SREB project would work with mental health agencies to help them develop job descriptions, establish positions and gain the know-how to introduce and use the middle level workers in the mental health manpower system.

At first the project worked with only seven colleges, but each year new programs were undertaken until at present there are about 50 college programs in mental health/human service technology in the South and about 175 in the nation. These programs have a variety of titles--Mental Health Assistant, Mental Health Associate, Mental Health Worker, Community Mental Health, and many others. Perhaps the most common titles are Mental Health Technology or Mental Health Technician. In the past three or four years there has been a trend for some of these programs to change their name to Human Services Technology, because they found that their graduates were being employed in a wide range of human service programs in addition to those called "mental health." It thus seemed appropriate to broaden the program title. In the remainder of this publication, these programs are referred to as mental health/human service programs. However, it is recommended that any particular title include a word such as "technology" or "associate" which implies that the purpose of the program is to prepare a practitioner rather than simply to provide an overview study of the field of mental health or human services.

The SREB project has explored many aspects of mental health/human service programs, setting program and course objectives, recruiting and selecting students and faculty, curriculum development, field experience, job development and evaluation.

PREVIOUS SREB PUBLICATIONS

In the early development of mental health/human service programs, there were no overall guidelines or recommendations; each program decided individually what kind of worker it intended to train and how it planned to go about it. Most programs agreed that they planned to prepare some kind of practitioner for the mental health field, but there was no consensus of what kind of a practitioner this should be. Should the middle level practitioners be only assistants to one of the established professionals (i.e., social workers, nurses, activity therapists)? Should they have only a single skill such as behavior modification, psychological testing or psychotherapy? Should they have only limited functions such as outreach and referral; or should they be limited to community work or hospital work? Or should they have entirely new kinds of roles? These were questions that had to be answered before curricula could be developed and before job descriptions could be written.

An early effort of the SREB project was an attempt to develop a rationale for the roles and functions to be expected of a middle level mental health worker. This effort brought together mental health professionals and manpower experts to explore the needs and alternatives. From this work came the notion of the generalist--a worker whose primary job assignment is to work with a small group of clients and families or a small neighborhood to help them with all aspects of their mental health problems. The generalist workers do whatever

they can themselves for their clients and call for consultation from the specialists or make referrals to them when unable to manage the problem alone. They are thus primary mental health/human service agents who function as part of an organized mental health system to extend the expertise of the professional specialists to more clients. This generalist concept was described more fully in the SREB publication, Roles and Functions for Mental Health Workers, 1969, which has been widely distributed to colleges across the nation.

The generalist mental health worker model provides the basis for virtually all of the mental health/human service programs in the nation today. However, there is still considerable variation in the program titles and in how the generalist concept is interpreted. Some focus more on community mental health while other focus on institutional work. Some focus more on problem areas such as alcoholism, drug abuse, aging, children, mental retardation, etc. Most programs feature the generalist orientation but also provide a degree of specialization in one of these problem areas through one or two elective courses and selected field placements. This pattern of specialization within the generalist model seems to be vastly preferred to a model of narrow specialization by technique or profession. It provides for greater mobility of the worker and tends to be more acceptable to disabled clients who feel the need for a single worker to whom they can relate for help with all of their problems, much like a parent surrogate.

This same generalist pattern prevails when the program is called "Human Service Technology." The basic concept of relating the worker to the client and the client's family for all of their psychosocial problems is still the most appropriate use of middle level workers. The sub-specializations may then be in broader program areas such as mental health, corrections, social welfare, aging, child welfare, etc. The basic knowledge of human personality, psych- and sociopathology and community resources is much the same for all of the human services. So too are the skills of interviewing, counseling, group interventions and behavior therapy. Also all workers in the human services need a similar set of values about their clients and the work they do, and they all require a considerable self-awareness of their own motivations, abilities, personality patterns and personal reaction patterns.

A "CORE OF COMPETENCE"

There is not yet a coherent human services manpower movement at the Associate of Arts level, but there is considerable talk about developing a common human services "core of competence" which might provide the basis for bringing together several of the newly emerging programs in human service program areas such as mental health, corrections, aging, child care, social welfare, mental retardation, etc. There are presently more than 150 different titles for various human service program areas offered in community colleges, although most have many common elements.

The next step for the SREB project after articulating the generalist concept was to develop a clear notion of just what knowledge, skills and values would be included in the "core of competence" of a mental health/human service worker at the Associate of Arts level based on the generalist model. This was done through a series of task forces of college program directors, faculty and agency personnel and described in the SREB document, Plans for Teaching Mental Health Workers.

This core of competence was defined for three major areas: knowledge, skills and values that were deemed to be essential or highly desirable for a worker. There were also suggestions for how these practice-oriented competencies might be taught in a mental health/human service curriculum.

INTRODUCING THE NEW MENTAL HEALTH/HUMAN SERVICE WORKER

Later in the project, when there had been considerable experience with the graduates of the programs entering the job market, the project developed a publication, Induction and Use of Associate of Arts Workers in the Mental Health System, which offered suggestions to faculty persons, graduates and agency administrators for making the transition of the worker from a two-year college graduate to an employee of an agency as smooth as possible. As more and more graduates have come from these college programs and as the job market has softened because of the general economic decline, the matter of job development has become quite acute in some communities.

PROFESSIONAL ISSUES

As the colleges began to produce large numbers of graduates the new mental health/human service workers began to seek a professional identity for themselves. The number of graduates has now reached 11,000 and is expected to exceed 20,000 by 1980. The graduates are employed in nearly every kind of mental health setting and in a wide range of other human service agencies. The graduates have not felt a kinship with any of the established professions; they acted in 1970 to establish their own organization, the National Organization of Human Services. This group is still quite small, but it has several state chapters, and it provides a mechanism for exchanging experiences, working to achieve better recognition for mental health/human service workers in national standards (such as those of federal agencies and those of the Joint Commission on the Accreditation of Hospitals), and improving of their acceptance by state and local agencies and professional groups.

For the past five years the faculty of the mental health/human service programs have had a forum--the annual faculty conference sponsored by the SREB project--in which they could come together for similar purposes and for faculty development. These conferences are now ending, and so the faculty have organized a national Council of Human Service Educators in order to carry on some of these same activities. Much remains to be done in developing some kind of national program approval and some kind of worker certification. These needs are being explored by these two rather new organizations.

FINANCIAL SUPPORT FOR MENTAL HEALTH/HUMAN SERVICE PROGRAMS

The early efforts to develop programs at the Associate of Arts level were supported by grants from the Experimental and Special Training Branch of the National Institute of Mental Health. These included the experimental program at Purdue University, six other experimental college programs and all of the projects of SREB and the Western Interstate Commission on Higher Education. In 1970 the Branch funded the Center for Human Services Research at Johns Hopkins University to do research of the movement, and later established a program of modest financial support that aided about 60 additional college programs. However, most colleges have initiated and continued their mental health/human service programs using regular college funds. Some have had grants or contracts with other federal agencies or with mental health agencies in their own states.

At this time virtually all financial support for mental health/human service programs from the National Institute of Mental Health is ending. Thus, the programs are all faced with the need to make their programs cost effective with ordinary college resources, or to seek other sources of financing. This is happening at a time when college budgets are stressed by inflation and overall declining enrollments in higher education. A few programs with small enrollments are being phased out. All are concerned about financing.

THE NEED FOR A GUIDEBOOK

For the past two years the SREB project has had a nationwide focus on helping the Associate of Arts mental health/human service programs with faculty development. In 1973 the advisory committee of this project recommended that the project make efforts to prepare a guidebook for the many aspects of developing, administering and teaching mental health/human service programs. Such a guidebook might be used by colleges that plan to develop new mental health/human service programs or by college officials or faculty persons of existing programs to improve their programs.

The project appointed a task force made up of several mental health/human service program directors who had been active in the project's faculty conferences. Each of these task force members was asked to invite other program directors to be members of subcommittees to develop guidelines for specific topics related to planning, administration and instruction in the programs. The full task force and the subcommittees met several times and prepared detailed outlines or papers. It then became the responsibility of the staff of the SREB project to combine these individual papers into a single guidebook.

The staff of the SREB project is grateful for the work these task force and subcommittee members did, and for the materials they prepared. However, this final draft of the guidebook is the responsibility of the SREB staff since there were many repetitions and gaps in the original papers which

have been reworked. The staff hopes that these modifications are acceptable to each of the contributors.

The chapter headings of this guidebook follow the topics of the original subcommittees. Although there are some overlaps, the sequence of subjects is:

Section I - Program Planning and Development

1. Assessing Needs
2. Setting Program Objectives
3. Structure and Organization
4. Recruiting and Orienting Faculty
5. Recruiting and Selecting Students

Section II - Teaching in Mental Health/Human Service Programs

6. Setting Curriculum Objectives
7. Instructional Technology
8. Planning Field Experience
9. Evaluating Students

Section III - Community Development

10. Developing Jobs
11. Advisory Committee and Community Relations

Section IV - Administration

12. Administrative Leadership
13. Funding and Cost Analysis

SECTION I

Program Planning And Development

1

Assessing Needs

This chapter presents suggestions for community colleges in assessing the need before establishing or expanding a mental health/human service program. Some of these suggestions may be used in re-surveys every few years to determine the need for modifications of existing programs. It is a joint responsibility of the college and the community to collaborate in the initial assessment of the need for such a program and to continue to review whether the graduates of the programs are properly prepared to make the contributions expected of them.

SOURCES OF PROGRAM PROPOSALS

Program proposals to establish a mental health/human service program at a local community college or a four-year college can originate from many sources. These may be individuals or groups. Sometimes the proposals come from individual faculty members or individual professionals in local agencies who feel that mental health/human service workers might help solve local manpower shortages or better serve clients. Sometimes the proposals come from college officials who have heard of such programs elsewhere and feel that their college should offer one.

Or the proposals may originate with local mental health or social service agencies, mental health associations, associations for retarded citizens or state health or social service manpower commissions or committees.

Prior to a systematic investigation into the need for the training program, the originators of the proposal should have a clear understanding of why there is a need for this kind of program and how the worker will enter into the mainstream of the mental health/human service market. The proposal's originators should also be able to give some preliminary definition of the program's philosophy, objectives, curriculum, funding, selection criteria for students and faculty and how the job market will be developed. These may later be modified after a more formal assessment of needs is completed, but a preliminary definition is needed for designing the survey procedures.

In some cases the press to develop new career programs in mental health and human services has exceeded the community's need for the workers so that some graduates have had great difficulty in finding jobs. If the originator of the proposal is an operating agency which feels the need for new kinds of workers at this level and has approached a community college about training, that agency should be able to identify the kind of worker it feels is needed.

SURVEY COMMITTEE

The next step is to establish a survey committee to explore the feasibility of a program in the area. The main goals of the committee are to collect data which will demonstrate the need for a program, define the specific characteristics of the need, and justify how the college should meet it. The survey committee will determine where the study is to be done, who will undertake the study, what facilities or groups will be interviewed and how the data will be used. The committee may be established by the college or by the proposal originators, but the committee should include some college officials and faculty, some local agency administrators and staff, and some mental health/human service professionals. It may also be well to include someone from the state personnel department and personnel officers of major local employers of the potential graduates of the program.

The committee should be knowledgeable about the objectives of community colleges and about the literature on mental health/human services current practices in order to articulate the various role options for the programs and in order to respond to questions from community agencies.

Since the movement to prepare mental health/human service workers in community colleges is quite new, it is unlikely that local mental health professionals or agency administrators are familiar with all aspects of the training and use of these workers. This is especially true of the generalist concept.

Thus they will need some orientation to what mental health/human services is all about before they will be able to respond intelligently to the survey questions. It is advisable to obtain materials relating to middle level mental health/human service workers and disseminate these materials to local agencies and interested persons. Videotapes and publications produced by the Southern Regional Education Board may be useful.

Certain state agencies should be contacted early for whatever data or recommendations they may have regarding the need for the program. These include the state comprehensive health planning agency, the state coordinating boards for community colleges, mental health or human service manpower commissions, the staff development office of the state mental health agency, the state personnel office, and any related agencies such as departments of human resources, mental retardation or alcohol and drug abuse. Frequently these agencies already have data about manpower needs, or they can give technical assistance to the effort. Or they may have information about new service programs they plan to implement or new staff development requirements that the training program could help to meet.

THE SURVEY PLAN

The survey committee first determines the community to be studied. The community may be defined by the human service system to be served--mental health programs, social service programs, drug and alcohol programs, mental retardation programs or aging programs. It may be defined by the geographic

area to be served--a county, a region, a state. Or it may be defined by both geographic area and human service system.

Once the community or system to be studied has been defined, the committee decides on which of a variety of techniques to use to assess the need for a program. These will be some combination of:

Personal interviews

Questionnaires

Workshops

Letters of documentation

Public information media (radio, TV, newspapers)

Personal Interviews

Documentation of need and support for the program can be obtained through personal interviews of local leaders in mental health/human service programs and agencies. The interviews can often be conducted by the faculty or students of the psychology or sociology departments of the college or by volunteers from the mental health association. The interviewers should have some kind of training in interviewing and should be prepared with a list of the kinds of data that are needed. This might be in the form of a questionnaire or a check list. The interviews would then focus on such issues as:

What mental health/human service workers are and the feasibility of using them in the agency program

The numbers and kinds of workers that might realistically be employed

The salary schedules and career systems that could be expected for the workers

What role models, special competencies, etc., would be required for agency workers and how they would be used programmatically

What problems may be seen in actually establishing job descriptions, positions, etc., and what steps would be taken to solve them

Whether the agency would be able to provide field placements for students

Suggestions for support of the training program (i.e., stipends, time off for employees who enroll as students in the program, support for field instructors, contracts, etc.)

Suggestions for any part of the curriculum

For many agencies it would be well to gather this kind of information at a staff meeting of key staff persons of the agency, rather than just from a single person there. This would give wider input into the survey as well as acquainting more of the agency's staff with what the training program might do.

It is well also to interview some consumer group representatives, because often they are able to identify community problems and needs which professionals are not aware of or are reluctant to expose. In this case the survey will have identified "needs" that are not actually "demands" for workers.

This same issue may emerge in interviews with agency professionals--they may describe how many workers of this kind they "need," but this is not the same as the number they can actually employ. It is desirable to identify unmet needs of this kind, but it is important to be sure there is some plan for translating these needs into realistic demand. Otherwise

the survey runs the risk of documenting "blue-sky" figures of need which can never be realistically met by the agency's budget.

Personal interviews allow the opportunity to discuss mutual problems and clarify any questions the individual may have about the nature of the program. The individual can then discuss the proposed training program with colleagues and elicit more support and interest.

In doing the community survey it is especially desirable to interview persons who are involved in planning and developing new or expanding mental health/human service programs, as they are more likely to need new kinds of workers. For this reason the survey committee should make special efforts to learn about new programs being formulated at national, state and local levels. For example, if the state is about to undertake community level alcohol treatment programs or if it is planning a major deinstitutionalization program and expansion of community after-care programs, it is well for the survey committee to know this and interview the key planners of these programs.

Questionnaires

Questionnaires mailed to agencies and key professionals are a frequently used survey method. This method has some limitations in that it lacks the personal element and provides little opportunity for the respondent to ask questions or to reflect subtle nuances of his feelings which can be detected

in a personal interview. However, they are useful in reaching a rather large number of smaller agencies that cannot be reached in personal interviews or workshops.

Questionnaires are accompanied by a cover letter that gives the background of the survey, the reason the survey is being conducted and invites the agency's response. The letter should clearly identify the agency that is assuming responsibility for this part of the survey and should probably be co-signed by some administrative official of that agency. The letter should also:

Stress the potential benefits to the agency responding to the questionnaire

Stress the professional nature of the survey and of the proposed training program

Offer to send the results of the survey if requested. (Then be sure this is done.)

Include a stamped and addressed return envelope

The questionnaire should be as brief and purposeful as possible in order to facilitate responses. Long questionnaires with superfluous questions waste time and drastically reduce the response rate. It may be well to mimeograph the questionnaire on both sides of a colored paper stock. This "flags" it, makes it appear more concise and encourages responses. A few points about the questionnaire:

Keep the items simple, clear and brief.

Group items that are related. The specific items to be included are likely to be the same as those included in the personal interview.

Use "semi" open-end questions which are numerically scorable, but which also allow the respondent to elaborate if he wishes. Certain items can be constructed entirely of closed-end questions such as true-false, yes-no, or multiple choice. These are easy to tabulate and score, but they yield little individualized information. Open-end items (essay questions) allow flexibility and statements of personal feelings, but are more difficult to tabulate and interpret.

Have a plan for tabulating and analyzing each item.

Be sure that each questionnaire identifies the agency and the name and title of the respondent as well as the date, especially if there is a likelihood of surveys every few years.

Include an item on the questionnaire for the respondent to check if he wishes to receive a report of the survey (unless it is intended to send such a report to all respondents).

Prepare a written report of the survey and send it to all respondents who desired it as well as to any other key leaders.

Workshops

Workshops for key agency persons are a particularly useful survey technique for mental health/human service programs for two reasons: it provides an opportunity to explain the mental health/human service worker concept in depth and to explore it in group settings so that the responses to questions of need are more realistic than may be the case with other techniques. And, workshops start people thinking and planning more seriously for actual employment of the graduates if a program is undertaken.

It is seldom possible to hold busy people for more than a one-day workshop of this kind, and even then there is likely to be a fair amount of coming and going. It is better to devote

a substantial portion of the time to small group discussions rather than to formal presentations only. If the persons to be involved in the workshops are from a relatively small geographic area, it may be desirable to split the workshop into two separate days at 2 or 3 week intervals. This allows the participants to go back to their colleagues for further discussions and to return with a more assured reply. The workshop technique is especially useful for some of the major agencies that might employ the graduates. It also often reveals non-verbalized feelings and subtle problems that will have to be dealt with in program development.

At some point in the workshop there should be a systematic attempt to get firm answers to the key questions needed for planning. This might be handled by giving each participant one of the mail questionnaires to fill out and return. Or a portion of the workshop agenda might be given to asking specific questions and recording the responses.

Letters of Documentation

Letters of documentation are perhaps more useful in justifying and supporting a training program than in documenting and assessing the needs for a program. These are letters from leaders that state their feelings about the program and endorse the concept. Such letters may be especially helpful coming from professional leaders such as the psychiatric association and the local chapter of NASW. While these professional organizations may not be in a position to employ

the graduates, they are in a position to support training and employment through endorsement.

Often, however, personal letters from agency leaders can state the need and the intentions of the agency regarding either their use of the graduates of the program or its use in staff development. Perhaps it would be well to request persons who grant a personal interview to also provide a letter of endorsement. These letters could be helpful in justifying the program to college officials, funding bodies, etc., even though the need has already been identified in the personal interview.

Two groups which should be approached for letters are citizen groups and consumer representatives. It may be critical to have evidence of their support for the concept of training and using middle level workers--especially since some have sometimes insisted that they wanted only "first class" services from "full" professionals.

Other agencies that might be solicited for personal letters are public schools, juvenile and adult courts, corrections programs, family service agencies, rehabilitation programs, community councils, labor unions, and others that are not likely to be prime employers of the graduates, but are likely to have close relationships to mental health programs and may have feelings about the kinds of workers the agencies employ.

Public Information Media

The public relation/public information department of the college can be helpful in soliciting the response of the general

public and potential students to the idea of a mental health/ human service training program in the community college. The department can negotiate with local television and radio stations and newspapers to present the program to the community at large. Citizens are invited to respond or to ask questions by way of telephone calls, letters or post-cards regarding their feelings about the program. Specifically inviting replies from potential students who would enroll in a program if it were established would give an indication of student demand for the program.

COMPLETING THE SURVEY

When all of the data have been gathered, the survey committee will tabulate, analyze and make a report with appropriate interpretations and recommendations. The report ideally is put together so that the main narrative of findings is clear and concise with a section of rather specific recommendations regarding the size of the program, philosophies, models and general objectives, specific curriculum needs, support mechanisms, etc. The various letters of support and documentation might follow the narrative or they might be included as appendices or attachments.

Sufficient copies of the report are sent to key officials in the college, the local agencies, the related state offices and to local support groups (i.e., citizen advocacy groups, professional societies, newspapers, etc.). Copies can also be used as attached documentation for any grant requests that

may be developed. And copies are given to each member of the advisory board and to key faculty members if a program is to be undertaken.

Plans should be made to repeat the survey every few years to assess the changing needs for workers. This is especially desirable in times of reorganizations (i.e., to consolidated human service programs) or major program changes which may have implications for the kind of training to be offered by the college.

2

Setting Program Objectives

It is not sufficient to simply put together a collection of plausible sounding courses from the college catalog and call it a mental health/human service program. Significant changes are happening in the mental health and human service delivery system that will influence the direction of AA degree college programs. It is important that program directors and college officials be aware of them and have a clear set of appropriate program objectives.

The significant trend in the mental health system to de-emphasize institutions means that fewer and fewer people will be employed in large institutions. Some of the expanding employment opportunities in mental health and the human services will be in settings such as after-care homes, sheltered workshops, alcohol and drug detoxification programs, rehabilitation centers, geriatric facilities, and criminal justice and corrections programs. Industry may direct some attention to the human interaction problems as they relate to productivity.

The changing social environment is another factor--the need for workers who can interact with special groups of persons. This includes poverty groups, minority groups, rural persons, old people, young people and alcoholics. Often it appears that persons who are indigenous to these groups are better able to help than persons who are not familiar with their values and cultures.

A third trend in society is to look to workers to deal with the ordinary day-to-day problems which clients present and to use professionals as consultants to deal with highly specific and extraordinary problems, and as agency leaders and overall program developers.

With knowledge of these trends, the college and its mental health/human service program staff are in a better position to define their program objectives. Probably the major program objective will relate to the kind of graduates the program plans to produce, but other objectives will relate to such issues as selecting students, counseling students, developing a job market for graduates, developing community and professional understanding of graduates, providing community services to the local agencies, evaluating graduates and engaging in research.

The process of setting objectives is not difficult, but the college and the program director should see that it is done in sufficient written detail so that all involved persons--students, faculty, agencies, professionals and college officials--can agree on what is to be undertaken by the mental health/human

service program. The program director may write the objectives or he or she may work with a committee of faculty together with an advisory committee of community agency persons and faculty from other parts of the college.

A statement of program objectives should include an examination of the philosophies upon which the objectives and goals are based. It is often the philosophies that provide the critical distinctions between programs. As an example, a program that believes its mission is to provide college transfer credits for preprofessional students will differ markedly in tone from one that believes its mission is to prepare a beginning level practitioner--although many of the courses might be the same. Such a statement of objectives will probably be several pages long, not just a paragraph or two. Too brief a statement leaves too much ambiguity for program interpretation and does not provide an adequate base for evaluation.

PRIMARY PROGRAM OBJECTIVES FOR STUDENTS AND GRADUATES

The primary program objective of mental health/human service programs is to prepare a beginning level practitioner in the skills, knowledge and attitudes necessary for working effectively in a variety of mental health and human service settings. Regardless of the area of service, the student and his or her own unique environment need to be considered. This coincides with the generalist concept. The specific details of any particular service agency's operation would be provided to the graduates through in-service training after they are

employed. The core of knowledge, skills and attitudes will provide the generalist with sufficient flexibility to meet future service delivery patterns which are not clearly defined at present, such as new patterns of community care for long-term residents of state mental hospitals or new patterns of service to chronic alcoholics who traditionally are handled by local courts and jails.

While the objective of preparing a mental health or human service generalist practitioners has been accepted as the appropriate major objective of virtually all mental health/human service programs, there is by no means universal agreement. A few people feel that the objective of these programs should be to provide only college transfer programs; a few others feel that the graduates should be only assistants to one of the established professions; others feel that the graduates should have only one or two narrow skills such as psychotherapy, behavior modification or outreach. It is important to make these objectives clear and specific, for the entire program will be designed according to whatever pattern is agreed upon at the start.

If the generalist practitioner concept is defined as the primary objective, then the program will provide further definition of the goals and roles for this kind of graduate.

Goals for Graduates

The graduates will work directly with clients, families and local communities and will implement the following goals:

To help the client with all of his problems

To help clients and families help themselves toward maximum functioning

To help persons discover alternative ways of resolving problems

To help people avoid problems and to be better able to cope with everyday living

To deliver interpersonal, social and basic physical support services to clients

To act as an intermediary between community resources and clients and families

To facilitate appropriate changes in systems within the local community to help people function more effectively

Roles of Graduates

The worker, in order to accomplish these goals, will need to employ a variety of roles in his or her work with clients and communities. The following are some of the roles that have been identified in earlier SREB publications as appropriate for the mental health/human service worker. These are not to be considered as separate jobs, but rather as roles which any worker might play at any time depending on the needs of the specific situation.

Reaches out to detect people with problems, to help them get to existing services, and to follow up to make sure they continue toward their maximum rehabilitation.

Works together with clients in fighting for changes in policies, rules, regulations and laws to provide better services.

Assesses client or community needs and problems whether medical, psychological, social, educational, etc. This includes formulating plans and explaining them to all concerned.

Performs a range of instructional activities designed primarily to improve the functioning of individuals or groups.

Carries out activities designed to change behavior, ranging from coaching and counseling to casework, psychotherapy and behavior therapy.

Helps to get new resources for clients or local communities.

Works in consultation with other professionals and agencies regarding their handling of psycho-social problems, needs and programs.

Works with local community boards, committees, etc. to assure that community development enhances the mental health and social and self-actualization, or at least minimizes the emotional stresses on people.

Provides supportive care for persons who need short-term or ongoing support of some kind (financial assistance, day care, social support, 24-hour care).

Performs various aspects of data handling, gathering, analyzing, record-keeping, etc., regarding individual clients and local programs and needs.

Carries out various administrative activities that are primarily agency-oriented rather than client- or community-oriented (keeping time records, supervising aides or volunteers, obtaining supplies, attending to a range of agency "housekeeping" activities).

It is not likely that any individual worker will be called upon to play all of these roles every day, but the training should prepare workers to anticipate the possibility that these are likely roles and to have some basic competence in them.

Areas of Competence for Graduates

If the major objective of the mental health/human service program is to prepare a generalist at some basic level of competence, but not necessarily for a high level of competence in any particular subspecialty, it is recommended that the program

define the goals for graduates in four major areas of competence:

1. Knowledge about human growth, normal and abnormal behavior, local social systems and theories of intervention.

2. Skills for intervention with individuals, families, groups and communities.

3. Values and Attitudes in regard to the use of one's self in human service work.

4. Self-awareness of one's own personality, motivations, philosophies, abilities, reaction patterns, limitations, etc.

The program should have a firm didactic base of academic offerings and a considerable amount of experiential learning and field instruction. The graduates should develop real competence in performing--not just "knowing about" the skills of intervention, and the graduate should have a keen awareness of his or her own values and personality and how they affect behavior with clients and communities rather than simply a knowledge of the values he or she "ought" to have.

Specializations in a Generalist Program

The generalist requires a certain core of knowledge, skills and values, but beyond this there may be a desire on the part of certain students or major local employers to have specific areas of competence.

Specializations may be designed in various ways. Perhaps the three major options available to the college are: a) by technique (i.e., added specialized courses in such techniques as counseling, group work or behavior therapy); b) by field or

problem area (i.e., mental retardation, alcoholism, drug abuse, aging, children corrections); c) by profession. The college needs to consider these options and seek the advice of the advisory board in making its choices. In general it appears that specialization by field or problem area, provided by elective courses and selected field experiences, is more consistent with the overall generalist concept and is likely to better meet the needs of both graduates and communities than in specialization by techniques or professions.

Specialization by technique tends to predispose the worker to using a single method of intervention for all client situations rather than maintaining a more eclectic approach to the client's needs, but there are surely some situations where specialization by technique is desirable at the AA level. For example, if a major local employer is an institution for the mentally retarded that uses a behavioral approach with its residents, then the college may want to provide a specialization in behavior modification as well as in mental retardation.

Student Recruitment and Selection

The mental health/human service program's statement of objectives will determine the kinds and numbers of students who will be recruited and selected for the program. These objectives will be based on the assessment of local needs for the program. It will be specific about any special groups to be recruited (i.e., men, minority group persons, middle life persons, psychiatric aides employed in agencies, etc.), as well

as any academic, personal or employment characteristics that are sought. If the local need is determined to be for certain program specialties (i.e., mental retardation, the aged, corrections), the students should have motivation for that kind of work. The objectives will also set forth any selection criteria that will be used.

Personal Development of Students

Another objective that is often overlooked in drawing up written program objectives is that of providing mechanisms to assure the student's personal growth and development as a human service worker. Among the needs of students in this area are:

To facilitate the personal growth and development of each student (e.g., to enable the student to examine and evaluate his or her commitment to the field)

To provide opportunity for the student to realistically understand his or her own potential for helping others while also recognizing and accepting his own limitations

To provide professional identification for the students

To meet these objectives the program might provide regular individual counseling of all students, sensitivity type seminars on a regular basis, special events programs for students such as volunteer programs in state institutions and opportunities to participate in professional affairs at local, state and regional levels.

Evaluation of Students

Another objective of the mental health/human service program is to evaluate students and the overall program at periodic intervals to assure that all is progressing as planned and that

appropriate changes are made in response to the changing circumstances of need, demand, technology, financing, etc.

OTHER OBJECTIVES OF THE MENTAL HEALTH/HUMAN SERVICE PROGRAM

In addition to the primary objectives related to the kinds and numbers of graduates to be produced, there are other objectives of a mental health/human service program that must be described and planned for in the program. Among these are:

Job Development

Mental health/human service programs have been developed on the assumption that the workers are needed and jobs will be available. However, the college programs cannot take this for granted, but must take the responsibility for developing and promoting job and career opportunities in the agencies of the state and local communities.

The programs may assist graduates in their job search by including practice in job interviewing and in preparing a curriculum vitae. Personnel officers from agencies may be invited to the classroom to describe job opportunities and how to apply. The programs can also survey employing agencies to learn how the graduates are doing and to get suggestions for ways in which the college program might be improved.

Community Acceptance--Public and Professional

One of the objectives of a mental health/human service program will be to improve community acceptance and understanding of the program and of the workers in general. This is

necessary to assure the proper utilization of the worker and to minimize the conflicts within the professional community regarding the role of the workers.

General acceptance. The program and the graduates can be promoted in the initial development stages through the survey of needs in the community and through the appointment and use of a broadly representative advisory committee of agency persons, professionals and advocacy group members. Such a committee should be actively cultivated and maintained with 3 or 4 meetings a year to reflect changing community needs and to feed back information about the progress of the program. Programs should be modified in response to their advice.

General public understanding. Another objective of the program is to develop general public understanding of the programs and acceptance of its graduates. This may be done through radio, television, newspaper and speeches or presentations at public meetings of mental health associations, local high schools, etc. Recruiting programs can often be tied to programs of public education about the program and what the graduates do.

Professional acceptance. A critical objective is to obtain acceptance and understanding within the professional community itself. The concept of middle level workers is new to most of the professions, and the concept of the generalist may be threatening to some. The problems of misunderstanding and conflict must be dealt with, and the professionals helped to understand that the new workers are not taking over their work, but are simply extending their expertise to more clients and families. The professionals need to understand how they can best use the workers to accomplish this goal. This involves new responsibilities and role relationships for the professionals. Greater professional acceptance will lead to more jobs for graduates. The mental health/human service program can achieve this professional understanding through workshops, articles in journals, presentations at meetings of professional associations and at professional schools.

Community Services

An objective of the program may be to provide certain community services. Some colleges have a strong orientation to this kind of work; if not, it may be desirable to establish such relationships. Among the possible community service activities are:

> Staff development for local agencies. The mental health/human service program of the community college may find it advantageous to provide in-service education for local mental health or human service agencies. This helps the local agencies, provides funding for the college and strengthens credibility all around.
>
> Continuing education for graduates and other professionals. These may be short-term programs in topics such as behavior modification or group therapy.
>
> Participation in local mental health and human services committees, boards, task forces. The college program can help in planning, program development and administration. This gives the college program visibility, helps develop jobs and helps the community.

All of these require time commitments from the faculty of the college, and thus should be defined as program objectives so that everyone understands the necessity of budgeting funds and time for these activities.

Linkages to Higher Education

Another objective is to establish linkage to the rest of the college and to the senior institutions and boards of higher education so that the students and graduates receive appropriate credit and so that they can transfer to senior institutions if

they choose to continue their education. Graduates should be able to transfer all or most of their credits and not have to repeat courses in which they have already achieved competence. This will require explanation and documentation of the non-traditional learning experiences (i.e., practicum, field training) provided in the AA program.

In the case of local colleges, it will be necessary to develop a pattern of hours, classes, courses, etc., which is acceptable to the college for an Associate degree. Some of this will require negotiation with curriculum committees, deans, etc., especially for modules which students need, but which do not require full courses.

The mental health/human service program should also negotiate with other academic departments of the college to assure that students are being offered the full range of knowledge and skills that is required for the core of competence. For instance, some general psychology courses are strongly oriented to animal and experimental psychology and offer little about human development or abnormal psychology. If the psychology department is not willing to teach these concepts in general psychology, the mental health/human service program will have to teach them in one of its courses. It is not sufficient to simply require students to take courses from other departments without knowing exactly what is taught in those courses and how they fit into the overall curriculum for mental health/human service students.

Faculty Development

Still another objective of the mental health/human service program will be to develop a faculty for the program. This will include recruitment and selection procedures, faculty orientation and continuing development as teachers. Most programs strive to have a multi-disciplinary faculty of experienced practitioners. However, relatively few practitioners are knowledgeable about the value system of the community college, about the generalist concept, about curriculum development, about teaching methodologies or student evaluation. The program should plan to have orientation materials and sessions and should plan to send faculty to national or regional faculty development conferences.

Provision should be made for orientation and supervision of field instructors from local agencies. Funds and time should be allocated to the program for these purposes.

OVERALL PROGRAM EFFECTIVENESS AND EFFICIENCY

The program will need to obtain the necessary resources to operate the program effectively and efficiently. This has at least three elements:

Obtaining resources. By resources we mean funds, facilities, faculty, equipment, etc. The most difficult to come by is funding. Some programs operate entirely on regular college income sources while others have sought and obtained extra funding through grants, federal agencies or contracts with state and local agencies. These outside funds are usually for specific purposes, but they do expand and enhance the program. The program director and staff will be responsible for writing and negotiating grants and contracts and overseeing the proper expenditures of the funds.

This also involves negotiating funds for equipment, facilities, part-time faculty, etc.

Effective operations. This involves establishing objectives, procedures and schedules; recruiting staff and students; providing field experiences; planning the curriculum and implementing it; monitoring progress and problems; and evaluating the program to assure that it is producing high quality mental health/human service workers who are being employed successfully.

Efficient operations. This involves attention to the costs of the program. The program must assure that the costs per student, per graduate, per credit hour, are within reason according to college standards. This also involves efficient use of donated time of field instructors, part-time faculty, and facilities shared with other departments. It requires the program to identify costs attributable to community service work, developing community understanding, student recruitment and selection, separate from instructional costs. This step requires documentation of activities, time and money expenditures, so that appropriate program changes can be made to reduce costs when necessary.

3

Structure And Organization

The mental health/human service program is viewed in this section as having two major levels of organizational relationships: the intraorganizational relationships within the college and the interorganizational relationships outside the college.

The structure and organization at both levels reflect compromises among numerous alternatives. The intention here is to consider different arrangements with respect to consequences for employability and development of professional recognition for graduates.

INTRAORGANIZATIONAL

The internal structure of the program may be divided into staffing, curriculum and student components.

Staffing

Staffing includes both administrative leadership and the faculty of the program.

Administrative leadership. A program administrator may be a director with full-time administrative responsibilities to the program, or a coordinator who carries both administrative and teaching responsibilities elsewhere in

the college. Administrative functions vary according to the college's expectations. When there is a director, the program benefits in status and in the amount of time that can be devoted to administrative functions.

Part of the administrative duties may be allocated to an administrative assistant or a field placement coordinator. An administrative assistant provides supportive functions for a director or coordinator, particularly in the area of public information and job development. Adjunct administrative staff can free the director's time to improve the quality of training, to increase program visibility, and to establish job prospects for the graduates. In some programs this position is filled by a student of the program as part of his field placement, or by a graduate of the program or by a graduate student from a local university.

In larger programs, a field placement coordinator assumes responsibility for the development and coordination of field placement arrangements. Field coordinators may also carry supervisory responsibilities for a block of students within a specific agency.

Faculty. Faculty may have appointments solely for teaching positions in the program; they may carry joint teaching and administrative assignments; they may have joint appointments within the program and in another academic department of the college. Joint appointments have the potential for facilitating communication with other departments and permitting greater input of course content from related disciplines.

The faculty of the mental health/human service program are usually practitioners from the established professions. Recently some mental health worker graduates have been added. Faculty do classroom teaching, student counseling and often some of the field instruction, so their teaching obligations are often greater than those of other college faculty who have only classroom assignments. Often part-time faculty are used to provide more variety of professions on the faculty.

Curriculum Issues

The basic reason for establishing associate degree programs in mental health at the two-year level was to prepare practitioners for mental health and human service agencies. Thus, there are strong reasons for making these programs career programs with a strong orientation to skill competencies. If this kind of a program is well designed and well taught, most graduates who later decide to continue their education will find that most of their credits will transfer, although there may be some loss of credits. If the only purpose of the program is to assure transferability of all credits, it might be better to consider a traditional general studies program. Transfer programs include a high proportion of general college courses and tend to turn out persons with fewer skills and therefore graduates who are less employable, although they may be in a better position to continue their education.

The career/transfer issue also relates to course coding; that is, whether a specific course will be listed as a mental

health/human service course or a psychology, sociology, or other departmental offering. Courses titled with mental health/human service names tend to foster professional identity. There is usually a greater degree of control over what is taught and how it is presented, particularly with respect to skill training. However, course credits transfer more easily when courses are coded according to traditionally accepted disciplines.

Degree and certificate. The degree offered, A.S. or A.A., does not appear to affect employability or transferability. A certificate may be awarded to students who have completed a core curriculum of skills and knowledge, but who have not completed the academic requirements for a degree. This is particularly appropriate if the program is linked to the staff development program of an operating agency.

Field placement. The field placement is an essential part of the student's learning experience. Considerable variation exists among programs in the total number of placement hours required, the number or variety of placements required and the point in training at which the student first enters field placement. There is a direct correlation between the number of hours a student spends in placement and the extent of competency attained. The issues are explored in Chapter 8.

Time models. The traditional academic institution runs on a semester or trimester schedule with courses scheduled in one or more regular weekly time slots. Many community colleges

operate on a quarter system. Within the schedule, it is desirable to have flexible offerings of day and evening classes in order to accommodate students who may have job and family responsibilities and field placement commitments.

The traditional academic schedule is often not the most desirable arrangement for teaching mental health/human service skills. Learning modules may be organized around specific skills to be mastered. These may be most effectively taught in a concentrated weekend workshop, or in a limited number of weeks, or in various other types of time arrangements depending on the specific skills being taught. Flexibility, to the extent possible within the framework of the institution, will help maximize learning.

Time models are influenced by the philosophies of the program. These philosophies (whether a generalist or a specialist, whether didactic or experiential, whether a career program or a transfer program) have serious consequences for choices of time models. Philosophies should be explicit.

Student Components

Actual size of the student body in the mental health/human service program seems to be less important than the faculty/student ratio and availability of suitable field placements. A program also needs to consider the potential job market and the number of other training programs in the same geographic area.

Part-time vs. full-time students. A program restricted to full-time students assures a high level of student involvement, helps establish a professional role definition, allows for a more even integration of knowledge and skills, permits a greater number of hours in placement, facilitates the use of flexible time modules, and assures that the students are all at approximately the same place in learning. For the faculty it greatly facilitates management problems; for the student it maximizes learning.

The great disadvantage is to students who would be excluded from the program because of family or job responsibilities. And a number of excellent students fall into this category. There is a need to work out alternative time modules to accommodate both needs.

Admission criteria. Rigid selection criteria are often considered incompatible with the community college concept. But where colleges do not have selective admissions criteria, drop-out rates may run as high as 50 percent. In open admissions programs other structures may be built into the program such as:

Examination of prior experience, paid or volunteer

Satisfactory completion of specific course requirements prior to entering field placement

Orientation sessions for prospective students to clarify tasks and goals of the curriculum

Interviews with individual students prior to registration

Clearly specified criteria for continuing in the curriculum

Selective admissions procedures, on the other hand, raise thorny questions of evaluation of potentially successful candidates. Interviews, recommendations and testing procedures to measure empathy, maturity and ability to do the work all have limitations, although they give some additional data upon which to evaluate.

Involvement of students and graduates. Involvement of students in the program is important to assure that the program is meeting their needs. This can be accomplished through student representation on the advisory committee and through student participation in other decision-making structures within the college. Students should be represented at department meetings. Some programs have "retreats" for both students and faculty to better assess student needs and to invite student participation in planning the program.

PLACEMENT OF THE PROGRAM WITHIN THE INSTITUTION

Mental health/human service programs are located in a variety of places within community colleges, or in colleges and universities.

Programs housed in community colleges may be more responsive to changing community needs because of the particular mandates of the college. Two-year programs within a 4-year college or university may be overwhelmed by the senior programs. The advantages of locating a program within a 4-year college or university are greater resources (staff, library, faculty in specialized related areas), a possible

reduction in loss of transfer credits and potentially greater status and professional acceptance of the program and its graduates.

Division of Allied Health Programs

One possible advantage is an increase in funds available for health programs. Also there are often more scholarships and monies available for students within the health programs. Sometimes there are special job opportunities as a result of this association. A possible drawback is the tendency for the program to be dominated by the bio-medical model which may be imposed by administration.

Division of Social Sciences

The students are likely to be exposed to faculty members of various professions producing more of a multi-disciplinary program. Also there appears to be a greater likelihood that courses will transfer to four-year colleges and universities which view the social sciences as more academically oriented in this environment.

Division of Occupational Programs

The program is likely to be more skill-oriented and to have more formalized arrangements with agencies for training and job placement. There may also be less creativity and personal growth opportunities within the program.

Directly under the Dean of the College

An obvious advantage is a reduction in bureaucracy and a direct access to administration. Such an arrangement may facilitate development of a generalist approach. However, in "shoestring budgeting" departments there is a risk of isolation from the rest of the college.

Within Another Department

The orientation to a particular discipline (psychology, sociology, counseling) would tend to influence the focus of the program. In addition, the budget allotment for the mental health/human service program may be smaller because it must be shared with the budget of the parent department.

Regardless of where the program is located within the college, it is important to establish and maintain communications with other departments and support services in order to share information and resources. For example, report writing taught by the English department may be correlated with relevant skills in the human services department. Audiovisual resources and guest lecturers may be shared with social science or occupational programs, particularly where a single department budget limits purchase of audiovisual materials. Communication on student progress in other courses facilitates individualized planning.

Communications between the mental health/human service program and the rest of the college may be improved through

representation of other departments on the mental health/human service advisory committee, through attendance of mental health/human service staff at meetings of other departments, and through shared written communications.

INTERORGANIZATION ISSUES

The interface of the college and the community has formal and informal linkages. Advisory committees constitute one formal link. Another is to field placement agencies. Both of these linkages are discussed elsewhere in this publication.

The college should be concerned about some form of recognition for field supervisors. Some alternatives for accomplishing this would be: faculty appointment, either honorary or with academic rank; salary arrangements; certificates of recognition of service; listing in the college catalog. To further increase the formal link between agencies and programs, faculty may provide consultant services to agencies or the program and college may provide educational services to the agency in the form of workshops, seminars and in-service courses.

The mental health/human service program may develop other educational linkages within the broader community. These may include providing continuing education for human service graduates, providing continuing education courses or seminars for other human services personnel and assisting in staff development programs to human service agencies of the community.

Relationships at State, Regional and National Levels

The interorganizational network beyond the community exists at state levels, at regional levels and at the national level.

State. Within a state there is need for planning the number and distribution of training programs. The job market is highly dependent on city, county and state merit systems. Program directors from several schools within a state can work together to establish contacts with merit systems to establish proper job descriptions and classifications.

Statewide coordination of program activities such as job development, field placements and exchange or resources may be done through informal organization of program directors from the various colleges. In some states this coordination has been initiated by an agency of state government. This has the advantage of having a direct line of communication with state government. However, coordination which is initiated by the colleges has the advantage of freedom of action in working with all agencies of the state.

State governments affect program structure by influencing job opportunities. Even though local agencies may be ready to hire graduates, their job slots are often funded by the state. State government influence on the program may also be felt in the area of licensure requirements. It is important therefore to establish liaison with state human service agencies and professional organizations.

Regional. At the regional level graduates move from state to state. Reciprocity among the states calls for similar curricula to facilitate this movement. These similarities are best achieved through a regional organization of faculty and program directors to provide for sharing resources and solving problems. In addition there is an increase in professional status and visibility as a result of being a part of a regional structure.

National. At the national level, articulation is needed with a variety of federal agencies, since the federal government establishes job specifications for various agencies and programs. Currently federal job specifications apply primarily to the Veterans Administration and the military services, but federal standards often apply to other programs (i.e., health maintenance organizations, drug and alcohol programs, developmental disabilities programs, etc.) which are funded with federal funds.

It is also desirable to establish a link with national professional associations in order to provide professional visibility for mental health/human service graduates. One example was the Vail Conference of the American Psychological Association which included a task force related to undergraduate education at the BA and AA level. This conference began to place the 2-year graduates in the profession's eye.

4

Recruiting And Orienting Faculty

Before recruiting any faculty the college must have some definition of the kind of program that is to be established--its objectives, its size, its relationship to local agencies, etc. It is essential that potential faculty be committed to the idea of preparing a practitioner with marketable skills and to the concept of a generalist worker. This implies that more than one professional discipline should be represented if possible.

This objective further implies that the faculty persons for the mental health/human service program courses should be experienced practitioners who have had actual experience in the kinds of settings for which the students of the program are being prepared.

The size of the student body will influence the number of faculty persons to be employed. The faculty/student ratio varies considerably, but a ratio of less than 1:10 is indefensible in cost effectiveness, and a ratio of over 1:20 provides too little attention to individual student needs to assure a quality program for all students.

In any case, a mental health/human service program must have a core of full-time faculty--including a full-time director. It is difficult to conceive of a situation in which an adequate program could be run with only a part-time faculty person assigned to the program. There are simply too many responsibilities in recruiting and selecting students, student counseling, developing curriculum, establishing and monitoring community relations, and in developing and supervising field experiences for this to be a part-time commitment.

The extent of faculty responsibilities will also influence the number needed. Among the issues here are:

What is the normal teaching load for the institution?

Will the mental health faculty of the college supervise the field instruction or will this be done by agency staff supervisors?

Will the mental health faculty teach courses other than mental health/human service courses?

Will the faculty be expected to do other community service work (i.e., help in local agency staff development programs) as part of their duties?

Will part-time faculty be used to increase the practice orientation?

Administrative constraints such as union contract requirements or college policy may influence the number of faculty needed.

Available funding will also influence the number of paid faculty. Special grants will enable the program to enrich its faculty beyond what can be expected from the college's regular resources.

FULL-TIME VS. PART-TIME FACULTY

Certainly a minimum number of faculty (at least the program director) should be full time. It is desirable that most of the mental health/human service faculty be full time. However, in all programs, especially in very small programs, there are certain advantages to using part-time faculty as well as full-time faculty:

There can be a wider range of professional disciplines involved in the program.

More variety of viewpoints and experiences can be built into the program.

Part-time faculty can teach specialty courses and develop new content areas.

Part-time persons can be evaluated for whether they have potential to be recruited to full-time teaching.

Part-time faculty in the mental health/human service program may also spend part time in other college programs (i.e., nursing, corrections) and thus bring programs closer together.

Part-time faculty who are also agency practitioners bring current perspectives on practice issues and active practitioner models to the classroom.

Part-time faculty should be as committed to the generalist practitioner concept as are full-time faculty. They should also be fully committed to their teaching and student advisement responsibilities.

It may be possible to recruit professionals (psychiatrists, agency administrators) at no extra cost as occasional resource persons in the program. These persons enrich the program and learn something about the college and the mental

health/human service program by serving as special consultant/lecturers.

WHAT DISCIPLINES TO RECRUIT?

The professions represented on the faculties of mental health/human service programs include social work, psychology, counseling and guidance, nursing and mental health technology. There are also a few psychiatrists, clergymen and special education teachers, but these are almost always part-time faculty. There is no reason to favor one profession over another. Among the issues are:

Faculty should be experienced practitioners in one of the helping professions.

Faculty should have an understanding and commitment to the generalist concept. Sometimes faculty persons need help to get over their narrow professional orientations and to work together as a mental health faculty.

Faculty should have an interest and competence in teaching, curriculum development, etc.

Faculty should be people who are comfortable with new ideas, concepts, changing trends in the field, etc., and strongly inclined to keep up with new ideas or innovations in practice and teaching methods.

Graduates from the mental health/human service program should be considered for faculty positions in order to better establish the "new worker" approach and role model rather than the standard disciplinary approach of other professions.

Faculty should have a congenial attitude toward the uniqueness of students of community colleges.

The notion of a multi-disciplinary faculty is an attractive one, but it is essential to be sure that the faculty is working together toward the same philosophies and goals rather than

each faculty person "doing his own thing" at the expense of the program.

ADMINISTRATIVE LEADERSHIP

The mental health/human service program needs sound administrative direction for the many aspects of program development and management that are required. These include setting program philosophies and objectives, developing curriculum, setting policies for student recruitment and selection, developing policies for faculty recruitment and orientation, developing field placements, working with agencies to develop appropriate program inputs and program evaluation. These are discussed further in Chapter 12. The director should be a person with demonstrated organizational and administrative ability; he must be able to work not only with the administration of the college and with the faculty, but also with the staffs of local and state agencies, professional groups, advisory committees, etc.

SOURCES OF RECRUITMENT

There are many sources of recruitment for faculty persons. Perhaps local sources are the most promising since they are persons who know the immediate culture and political situation. Recruitment from local sources also provides an opportunity to let the local agencies and organizations know about the college and its programs. Some of them are:

Local mental health and social service agencies

Nearby professional schools (social work, psychology, nursing, counseling, etc.)

Local and national professional organizations such as the National Association of Social Workers, American Psychological Association, Council on Social Work Education

Local job banks (i.e., mental health associations)

Local minority group organizations

Part-time instructors who have done well

Other faculty members in other departments of the college

Alumni of the program

Any other personal contacts

Professionals should not be hired primarily for public relations purposes--they should be top-notch teachers. It is desirable to make the appointments attractive both in faculty status and in salaries.

SELECTION PROCEDURES

The actual selection process should be as objective as possible so that everyone knows what to expect. It is also important that written records be kept in case there are challenges to the decisions. Among the issues to consider are:

A faculty personnel committee. Such a committee will be made up of representatives of the faculty, if not all of the faculty. They will establish the procedures for selection of candidates and will recommend other faculty personnel policies within the limits of overall college policy.

External constraints. There are many constraints that a personnel committee must consider:

Affirmative action programs. There are uncertainties here but attention must be given to minorities, women, the handicapped, etc.

Realities of financing (budgets, available grants, etc.)

Special interest groups in the community that the program must serve (mentally retarded, drug abusers, the deaf, etc.)

External accreditation requirements that place restrictions on the kinds of faculty that must be employed in order to maintain program accreditation

Examination of credentials

Academic background and work experience

References (call where possible, but also have letters in file)

Writings and research

Personal interviews are essential. These provide an opportunity for the faculty to evaluate the candidates and for the candidates to learn about the program and job expectations. The candidates should be given a complete understanding about the position. It is well to be wary of the person who is looking for just any job, but who is not really committed to teaching mental health/human service courses.

Evaluation of personal qualities. It is important to evaluate the candidate's life experiences, his or her attitudes toward students, ability to work with other faculty members, his or her leadership activities in the past, creativity, and the potential role he or she will provide for students.

ORIENTATION OF FACULTY

Most community colleges have little formal orientation for new faculty members beyond faculty handbooks and perhaps a few brief general sessions. Faculty orientation and development become a particularly significant need in the case of mental health/human service members since faculty are usually persons coming to the college from the field of practice with no particular skills in curriculum development or teaching and

with no orientation to the value systems of the community college. Some of the points to aid in this process are:

Early hiring. This provides time for the faculty member to review program documents, participate in faculty conferences (especially in curriculum development conferences), review literature about mental health/human service practices, view the SREB videotapes, etc.

Participation in regional or national faculty development conferences. These conferences give new faculty members an early orientation to the entire mental health/human service movement and to teaching and evaluation methodologies.

Assistance from established faculty. The new faculty member should be light-loaded and given joint curriculum development and teaching responsibility with an established faculty member if at all possible. The new faculty person should also be given adequate time to prepare courses and teaching materials.

Areas of orientation need. Among the areas of needed orientation for new faculty members are:

- The values, policies and procedures of the college
- The philosophies, responsibilities and procedures of the mental health/human service department and its curriculum
- A variety of teaching methodologies--especially for experiential learning
- Techniques for evaluating students
- Responsibilities for participation in community and professional affairs
- Responsibilities for continuing professional development (i.e., advanced degrees or professional certification)

Many of these items could be covered in a mental health/human service handbook that all new faculty persons would be expected to read. A handbook might be especially helpful for

orientation of part-time faculty and field instructors, most of whom are unlikely to be able to attend overall faculty orientation sessions because of other job commitments.

EVALUATION OF FACULTY

The mental health/human service program should establish faculty evaluation procedures that are defined and applied regularly. There are several possible approaches that might be used for faculty evaluation:

By supervisors in the department

By colleagues--fellow faculty

By students

By the college of administration

Criteria

Effectiveness of teaching should be most important

Faculty participation and leadership

Publications and research

Community service

Ability to collaborate with peers

Commitment to work

In some programs, the department director and teacher hold monthly evaluation sessions. Careful documentation of performance on a monthly basis is critical.

5

Recruiting And Selecting Students

One of the significant tasks of the mental health/human service program is the recruitment and selection of students. In the original assessment of the need for the establishment of a mental health/human service program there should have been information about the kinds of workers the community needs and potential sources of students who might fulfill the needs. This would include recent high school graduates, minority persons, middle life persons, the economically handicapped, underemployed and unemployed persons, recently discharged servicemen, attendants and aides already employed in local mental health or human service agencies and volunteers.

The overall program objectives should specify how many students are to be enrolled and which groups of potential students are to be especially recruited (i.e., men, minority group persons, already employed aides or attendants) to meet the needs of the community.

ADMINISTRATIVE NEEDS FOR RECRUITMENT

The college should provide for a recruitment mechanism in the program and provide time and staff to do the job. Among the specific needs in the recruitment process are:

Qualified faculty persons with personal warmth, knowledge about the program and enthusiasm for it, and secretarial help to assist with correspondence and telephoning

A budget for recruiting purposes--travel, printing of brochures, postage

Time to devote to planned recruitment

Literature about careers and job opportunities appropriate to the specific populations to be recruited

The college may have a recruiting office that can be of real assistance, but there are some recruiting activities that can be better done by the staff of the mental health/human service program itself. These activities would be making presentations about the program and working with local mental health agencies to negotiate arrangements for aides or attendants of these agencies to become students in the program. This kind of linkage can provide a most useful recruiting device for the college and also assist the agency in its staff development.

RECRUITMENT PROCEDURES

The first step is to set up a student recruitment process in conjunction with both the Office of Student Affairs and the advisory committee. This will help draw the kinds of students that are needed and provide program stability. At the same

time a "key recruiter" should be selected--a person who has a warm personality and who can provide an appropriate role model of mental health workers. Others on the recruiting team might be faculty members, counselors, enrolled students and graduates of the program.

An early step is identifying the potential sources of students and establishing relationships with key persons there. These sources might include:

Local high schools

Local mental health agencies

Centers for veterans or armed services personnel

Neighborhood youth groups

Churches

Employment services

Women's centers

Vocational rehabilitation agencies

Civil rights groups

AFDC and WIN offices

These contacts are best made in person. However, when personal contacts are not possible, official letters and brochures or literature should be sent letting the agencies know of the program and inviting inquiries. These may need to be repeated every year or so because of personnel turnover. Also, correspondence of this kind tends to be removed from the files after several months.

An attractive, attention-getting brochure that is truly descriptive of the program is almost a necessity to recruitment efforts. It should list the program philosophy, current curriculum, admission requirements and opportunities for financial aid. It will also be well to include information about job opportunities, salaries and career patterns, and something about the roles and functions that graduates carry out. And it should give information about credit transferability. Much of this information should also appear in the college catalog.

The brochure can be included with official recruitment letters to agencies and sent to individuals who inquire about the program. They can also be sent to local news media and taken along for distribution on "career days" at local high schools, county fairs, shopping centers, etc. The brochure serves other purposes besides recruitment; it can be used to inform potential field supervisors, professional societies and potential employers about the mental health/human service program of the college so that they have a better understanding of what to expect of the students and graduates.

Involvement of faculty in community affairs is an important approach to recruitment of students. This includes activities such as:

Setting up display booths about the program at county fairs and shopping centers

Participation in "career days" at high schools and colleges

Faculty participation on agency boards, task forces, etc.

Faculty and student volunteer participation in community projects and services

Involvement of the community in college program activities is helpful in recruitment. This might include:

Using community persons as part-time clinical or classroom instructors

Using community persons as members of the advisory board

Having the community come in for a departmental "open house"

Sending announcements of graduations to community leaders, including shops that are patronized by students

Use of mass communication media is helpful in recruitment. This might include:

Informing media people about significant program events (i.e., employment of new faculty, special workshops or seminars, graduations, new courses, special projects and human interest stories about students or faculty)

Arranging for faculty and students to appear on local television and radio talk shows and to serve on speaker's bureaus

Developing courses or documentaries regarding mental health/human service for local television or newspapers

Using public service announcements on radio and television (These are free to non-profit organizations.)

Recruiting from among students enrolled in other departments of the school may be a help to the mental health/human service program, but they should not be proselyted. This

may be facilitated by:

Providing certain mental health courses as electives in other programs

Allowing other students to attend mental health/human service classes (They would not be considered for field placement unless they were enrolled in the program.)

Having mental health faculty teach some general human service courses for other students (i.e., The Family, Child Development)

Following up on all inquiries about the program is important in recruitment. This will involve:

Responding promptly to all letters and telephone calls inquiring about the program

Sending out brochures and a biographical data questionnaire and prompt scheduling of appointments for interviews of serious applicants (A general orientation program may be set up for groups of applicants.)

Following up in a business-like fashion on acceptances and rejections

SELECTION OF STUDENTS

In a few schools there has been such a demand for enrollment in the mental health/human service program that the program directors have had to draw up rather rigid criteria and procedures for selection of the number of students that the faculty can supervise adequately. However, even in a school where there is a limited number of applicants for the program, the director must give attention to some kind of selection criteria of the students who will actually be enrolled.

The basis upon which students may be selected for the program is determined at several points:

Community need. The needs of the local community's agencies as determined by the surveys or as identified by the advisory board will influence selection. This may lead to identification of the need for such criteria as:

Minority group persons

Recovered drug or alcohol users

Bilingual persons

Specific age group persons such as mid-life second career people

Persons already employed in agencies

Persons with certain handicaps (deaf, blind, physically disabled)

Student characteristics are a strong determinant of selection. These might include:

Expectations and plans of the student.(Does he or she plan to work immediately in mental health or is he or she planning to go directly on to further education, perhaps in an unrelated field? Will he or she work well with children? the aged? the retarded?)

Needs of the student. Why is the student seeking this program? (Too many applicants are seeking help for their own personal problems.)

The ability of the student. Does the student have the knowledge and basic skills for this kind of work? (Consider also special skills--art, music, language.)

The background experiences of the student. What work has the student done in the human service area, either as an employee or as a volunteer?

Values and attitudes of the student. Does he or she show evidence of callousness, of contempt or pity for the disabled or of lifestyles that would be harmful to responsible relationships in human

service work? Does he or she have a missionary attitude toward the disabled, the poor, the uneducated, etc.?

College criteria vary from school to school. A few schools with open admissions policies set few criteria for admission, while others insist that the students must have had certain courses or certain grade averages or other academic credentials.

There may be a selection committee, but the program director usually makes the final decision. The basic procedure is as follows:

Obtain an application with biographical data from each applicant. This should include data about:

Demographic information (age, sex, marital status, etc.)

Educational background

Work experience (include volunteer work)

Special interests, abilities or disabilities

Reasons for wanting a mental health/human service program

Plans for the immediate and long-range future

Arrange an interview with each applicant. The interviewer should approach the interview with dignity and warmth, the same as shown a client. However, the interviewer will give special attention to such items as:

What are the student's needs?

What are the student's particular plans or interests in this field?

What special problems (financial, language, physical handicap) does the student have? How does he or she handle these?

What special assets does the student have?

What intellectual and interpersonal skills does the student have?

Is the student sensitive, warm, genuine, adaptable, etc.?

Does the student have some self-awareness of his or her values, reaction patterns, abilities and limitations?

How do the student's family and friends feel about his or her entering the program?

Specific tests. Most special attitude or personality tests have proven to be of little or no value in selecting students. (Perhaps tests should be developed as research projects to determine which factors may eventually be predictive, but at present they do not seem to help in selection.) Some programs have found that certain kinds of simulations may be helpful. For example, applicants may be asked to interview or counsel someone else to see how they handle themselves on the elements of warmth, genuineness and empathy.

Criteria for rejecting applicants. There are a few criteria upon which applicants should probably be counseled out. This could be done in a way that does not make them feel bad about themselves or about their abilities. Criteria for rejection (other than lack of academic criteria) would probably include:

Identifiable mental disturbance or instability

Extreme rigidity

Callousness, lack of concern for others

Immaturity and irresponsibility

Inability to work cooperatively

Excessive aggressiveness

For applicants who have been in therapy for a mental disturbance, it is desirable to determine how comfortable the person is in discussing this, where he or she is in therapy, and what progress he or she is making. It is necessary to ask the student to sign a release in order to discuss with his or her counselor or psychiatrist the desirability of the student enrolling in the program.

The final decision is a blend of all of these factors. Whenever possible applicants who are not selected for the program should be counseled to some other more appropriate program or advised to reapply later if this is appropriate. In any case they should be given an explanation for the decision.

A special word should be added about recruitment and selection of minority students and students with disadvantages of various kinds. The faculty must be sensitized to reach out to these persons. This includes knowledge of cultural patterns and value systems as well as communication styles. They need extra acceptance when they come into a typical middleclass environment of the college. It is easy to frighten or discourage them at these critical times of recruitment and selection.

SECTION II

Teaching In Mental Health/Human Service Programs

6

Setting Curriculum Objectives

The overall curriculum objectives of a mental health/human service program should have been determined by the primary objectives already set forth for the overall program. The specific curriculum objectives are the educational goals including cognitive learning, skills of intervention, and values and attitudes which the students are expected to master in the classroom and field experience. It is the responsibility of the mental health/human service program to define these curriculum objectives in some detail and then to develop a curriculum within the structure and resources of the college that will most likely help students meet the objectives. The curriculum must be more than a collection of courses from the college catalog with one or two specific courses added in mental health or human services.

It is necessary to have a definite idea of what the students are expected to learn in each of the courses and how they fit together to prepare the "total" student for practice upon graduation.

THE MENTAL HEALTH/HUMAN SERVICE GENERALIST

Most mental health/human service programs have defined their primary objective as the preparation of a generalist practitioner. This implies that the worker plays a variety of "roles" in helping clients as far as possible toward full restoration. Twelve overall roles have been identified:

Outreach worker	Care giver
Broker	Consultant
Advocate	Mobilizer
Evaluator	Community planner
Teacher	Administrator
Behavior changer	Data manager

These roles collectively imply that the graduate will have mastered certain areas of knowledge, certain skills of intervention and will have developed certain attitudes and values. Many of the items of a "core of competence" have been spelled out in the SREB publication, Plans for Teaching Mental Health Workers. Those items, as well as the ones listed in this chapter, are offered not as a template for all schools, but as a comprehensive model which each program can use as a starting point to establish the detailed curriculum objectives for its own program. Local agency needs or student demand may require additional objectives or modification of objectives, but these should be seriously considered as the core of competence that can be common from program to program across the country.

In some colleges the mental health/human service program will be the only human services program in the college and will be developing objectives for itself alone. In other

colleges mental health will be one of several human service programs in aging, corrections, child care, social services, etc. All may then be expected to share a common core of knowledge, skills and values upon which each program will build its specialty options by adding specialized courses and field experiences. In a few colleges two or more human service curricula run in completely separate tracks. This is a wasteful and inefficient use of resources.

In many colleges a program that began as a mental health program has shifted to a more generalized human service core but offers certain specialized courses within mental health such as mental retardation, alcohol and drug abuse. These individual variations will depend upon the needs of the local communities and the interests of students.

Most colleges have certain general studies requirements such as English, history, physical education and mathematics. Each institution sets its own standards for these subjects, and the mental health/human service program usually has relatively little to say about these choices. However, there may be opportunities for the mental health/human service program to have some inputs:

By suggesting content areas for courses such as English (i.e., clear, descriptive recording for case report writing or special reading assignments related to the mental health/human service fields)

By suggesting general courses that might be better choices for human service students (i.e., human biology rather than general biology)

Cognitive objectives, skill objectives, and values and attitudes are listed here in behavioral terms--what the graduate is expected to be capable of doing at the end of the curriculum.

Cognitive Objectives

1. Describe the characteristic behavior and different stages of development of the major personality theories from infancy to old age (i.e., Freud, Erikson, Gesell, Skinner, Piaget) and the interrelationship between physical and mental development.

2. Describe the basic concepts of several of the more common theories of behavioral change (i.e., psychoanalysis, transactional analysis, behavior modification, ego psychology).

3. Describe common behavioral and personality patterns and identify the normal and deviant aspects of them (i.e., heterosexual-homosexual, schizoid personality-schizophrenia) and tell implications for working with persons who demonstrate such behavior.

4. Recognize and describe the major categories of mental disorder in the current Diagnostic Manual of the American Psychiatric Association.

5. Describe concepts of primary and secondary prevention of emotional maladjustment, and promotion of positive mental health and give examples of practical prevention strategies and programs.

6. Compare and contrast behaviors which are considered pathological in certain contexts, but normal in others (i.e., homocide vs. killing in war, voyeurism vs. looking at Playboy or Playgirl).

7. Describe major social problems and how forces have led to social change (i.e., sexism has led to women's liberation, racism to the civil rights movement).

8. Describe the roles and activities that a mental health/human service worker might play in social change in a local neighborhood or community.

9. Describe the basic physiology of the human body (nervous system, endocrine system, digestive system, cardio-respiratory system, etc.).

10. Identify and describe several major physical disorders that affect mental functioning (i.e., epilepsy, drug and alcohol abuse, brain damage, P.K.U.).

11. Discuss the psychological and social aspects of physical disabilities, mental disabilities and poverty on clients and families.

12. Describe the philosophies, measures and procedures used in vocational and social rehabilitation of the physically and mentally disabled.

13. Describe the theory, general procedures and the kinds of clinical problems for which several of the following methods of intervention might be used: transactional analysis, behavior modification, rational emotive therapy, reality therapy, group therapy, chemotherapy, hypnotherapy, crisis intervention, counseling, remotivation.

14. Describe basic adult and child learning theories and some basic instructional methods for individuals and small groups.

15. Describe the scientific method of problem solving.

16. Identify the members of the professional teams used in mental health and human services and describe their backgrounds and functions (i.e., psychologist, psychiatrist, social worker nurse, special education teacher, rehabilitation counselor, vocational teacher, mental health/human service worker).

17. Demonstrate knowledge of the history and current status and issues of mental health and the other major human services, including definitions and terminology.

18. Identify the major organizational structure of mental health and the human services at federal, state and local levels.

19. Identify and describe the functions and gate-keeping practices of major mental health and human service agencies and institutions at the local and state level (i.e., community mental health centers, hot-lines, referral services, drug and alcohol clinics, private and public hospitals, day care programs, sheltered work-shops).

20. Identify and describe weaknesses and strengths of the mental health and human service delivery systems at local, state and national levels (i.e., funding, staffing, follow-up, coordination).

21. Identify and describe major current legislative and public policy trends that will influence the mental health and human service delivery system at local, state and national levels (i.e, National Health Insurance, human resources departments, Right-to-Treatment court decisions).

22. Describe theories of psycho-social needs and influences in everyday behaviors of individuals, groups and agencies (i.e., Buber, Maslow, Harvey).

23. Describe concepts of small group behavior and implications for practice.

24. Describe the cultural characteristics and value systems and relationships of minorities to the prevailing culture (i.e., Blacks, Chicanos).

25. Describe the reactions of clients and families to special human service problems such as death, dependency, major illness, mental illness, criminal behavior and the implications for practice.

26. Define and describe basic principles of psychological measurement and statistics as it is involved in service delivery (i.e., intelligence tests, interest inventories, aptitude tests, program reporting).

27. Describe the bio-psycho-social aspects of human sexuality and its variations, and major sexual problems and their interventions.

28. Identify and discuss common psycho-physiological disorders (i.e., ulcers, hypertension, migraine, asthma).

29. Describe basic forms of non-verbal communication and their use in the helping process (i.e., body language, "attending").

These cognitive items are usually taught in the classroom in regular courses. In most of these the knowledge, theory, concepts or facts should be taught in the context of their implications and applications in mental health or human service practice rather than as independent bits of knowledge.

Many of these facts, theories and concepts have immediate skill components that are closely related. It may be well in curriculum development to have the practical and conceptual learning proceed side by side. This will require close coordination of the classroom and field learning, but it is worth the effort.

If any of these cognitive areas are covered in courses taught by another department such as psychology or sociology, it will be necessary for the mental health/human service program to assure that these concepts are included in their practice implications.

Skill Objectives

1. Effectively use communication and interviewing skills, both verbal and non-verbal (i.e., open-ended questions, clarification, reflection, probing, silence, interpretation, restatement, body language, etc.) with normal and disturbed persons.

2. Observe behavior and record significant observations in simple descriptive form:

a. This will be in both simulated settings and in real agency settings where the student will fill out forms and records regarding clients in a legible, concise, descriptive form.

b. The student will also demonstrate with clients the ability to differentiate subjective interpretations from objective observations.

3. Demonstrate appropriate interpersonal skills for one-to-one helping relationships (genuineness, accurate empathy, non-possessive warmth, establishing rapport, constructive confrontation).

4. Demonstrate the ability to coach and counsel persons with everyday problems.

5. Demonstrate the ability to analyze a client's problem and develop a plan of action (set realistic goals, clinical problem solving, utilization of community resources).

6. Demonstrate small group skills in organizing, leading and using groups for therapeutic purposes.

7. Demonstrate teaching skills both with individual clients and small groups.

8. Demonstrate basic skill in behavior modification techniques.

9. Demonstrate skills in some of a variety of activity therapies (recreation, music, crafts, psycho-drama, etc.).

10. Demonstrate skill in participation with professionals in team relationships.

11. Demonstrate skill in making referrals to and counseling with other community agencies.

12. Demonstrate skill in keeping clinical records and in keeping simple statistics.

Some of these skills can be learned in practicum exercises carried out in the classroom, especially if the instructor is skilled in experiential learning techniques. Most, however,

are objectives that relate to behavior with real clients and agencies. This will require a substantial amount of field instruction as an integral part of the curriculum. Later chapters discuss educational technologies and field training for mental health/human service programs.

Other skill objectives might be added depending on the individual community needs and student desires. Among these might be psychological testing skills, physical care skills or psychotherapy skills. If these are to be included, they should be spelled out in the objectives, not just slipped in.

Values, Attitudes and Self-Awareness Objectives

1. Openly discuss the student's beliefs about the dignity of clients and how he or she intends to demonstrate these beliefs (i.e., addressing them with proper names, providing privacy and choices, respecting confidences, etc.).

2. Openly discuss the student's own beliefs about dying, serious illness and disability and how these may affect clients with different attitudes.

3. Discuss the student's beliefs about work and productivity and how they will affect clients with different attitudes.

4. Discuss the student's attitudes about the importance of being prompt, clean, neat, industrious, religious, etc., and how they will affect clients.

5. Discuss the student's attitudes toward persons of other races, cultures, lifestyles, etc.

6. Discuss the student's attitudes regarding sex, marriage, drugs, abstinence.

7. Demonstrate that the student will maintain a clinical relationship to a client as long as

and whenever needed (not just during working hours).

8. Demonstrate a care-giving relationship with a disabled person avoiding callousness, dependency or condescending attitudes.

9. Demonstrate that the student is keeping up with current developments in technology, social policy, etc., in mental health and the human services.

10. Demonstrate a realistic attitude regarding the student's helping abilities and limitations and a willineness to seek help.

11. Discuss the student's own motivations for doing human service work, relate his or her strengths and weaknesses, personality patterns, reaction patterns to stress, hang-ups and long-range personal objectives. This should be neither glib nor excessively clinical, but realistic and genuine. Peers and supervisors should be able to corroborate these.

The teaching of values and attitudes has seldom been a systematic part of the higher educational system. Objectives in this area are likely to make some academicians uneasy, for they do not lend themselves to traditional teaching methods or to scientific methods of assessment. Yet they are very important objectives for the mental health/human service worker. Without attention to values and self-awareness, a worker with only the knowledge and skills already listed might become a harsh manipulator. It is the values that make the difference.

Values are probably best brought to conscious awareness in situations in which the learner is required to demonstrate some behavior and then to consciously analyze that behavior for the value implications. This would call for practicum

and field experiences that are carefully analyzed in seminars for the values and self-awareness implications. Sensitivity type sessions, videotape playbacks, simulations and individual counseling are possible techniques that should be included in the curriculum in order to help students achieve these value and self-awareness objectives.

7

Instructional Technology

Curriculum objectives for a mental health/human service practitioner include the mastery of certain knowledge, certain skills and certain values and attitudes. The objectives also call for the student to develop considerable self-awareness of his or her own motivations, values, styles, philosophies, reaction patterns and strengths and weaknesses in working with clients. Thus a mental health/human service curriculum contains far more than the ordinary didactic courses in which the student is expected to learn a good bit of knowledge, but that is all. The mental health/human service student must learn a great deal of knowledge to be sure, but he also has a great deal more to learn in the area of skills and values and in the area of self-awareness.

The instructional technologies for skills, values and self-awareness are quite different from those of the traditional didactic courses and are not likely to be well known to the community college mental health/human service faculty who come largely from the field of practice. This chapter explores some of the instructional technologies that are

being used to accomplish the objective of preparing a mental health/human service generalist practitioner in two years. Two years may seem to be too little time to accomplish such ambitious objectives, but if the objectives are clearly defined and if the learning experiences are properly chosen, two years are adequate.

CLASSROOM TEACHING OF KNOWLEDGE

There is considerable need for the mental health/human service student to learn facts, principles, concepts, theories and ideas. These have been, and to a considerable extent remain, the major emphases in didactic courses offered in traditional classroom settings. These are still called for in a large part of the mental health/human service programs. Among the techniques available:

Lectures

The lecture remains one of the most effective techniques for transfer of large amounts of information. However, many studies show that the retention rate of material given by lecture drops rather rapidly over time. The lecture essentially does nothing to involve or stimulate the learner. It usually involves only one sensory system of the learner--his hearing.

If lectures are to be used, it is suggested that they be brief and blended with other instructional methods. The instructor should also try to make his lectures lively and interesting and use visual aids along with the lecture.

Audiovisual Materials

Audiovisual materials have the distinct advantage of presenting material through sight and sound. Two channels of sensory input are far better than one for learner attention and impact. Color and motion in films and videotapes make the learning much easier for students. A major disadvantage of all these is that they leave the learner rather passive and uninvolved.

The range of audiovisual technologies available today is astounding--films, tapes, slides, videotapes, cassettes (audio and video). The Mental Health Materials Center has several appropriate films covering a wide variety of mental health subjects.

For many teaching situations it will be necessary for the instructor to prepare his or her own audiovisuals. Many colleges have an audiovisual department that can assist in the preparation of these materials. In addition, videotapes, slides and films of local mental health facilities provide an excellent firsthand view without actually taking the students out for field visits. Also, subtle points of psychotherapy or therapy that might not be appropriate to demonstrate in real life can be pointed out in videotapes and films.

Classroom Discussion

Classroom discussions are an excellent technique for involving the student in the learning of didactic materials.

They give opportunities to ask questions, explore alternatives and gain new perspectives on the material. Classroom discussions are often begun with a lecture or film. Skillfully handled, they involve all students in exploring value issues and help students gain self-awareness while they are learning the knowledge.

Readings

Readings are a long-preferred technique for transmitting knowledge, especially in graduate schools and four-year colleges. But not everyone reads avidly or comprehends well what he reads, so this technique may have limitations for some students. It may be that relatively more community college students have these limitations.

Readings should be selected carefully, since not all written materials are easy to read or are of great intellectual challenge. The effectiveness of readings can be improved by following up with discussion sessions or written reports so that the learner has the opportunity to reinforce the points and explore the perspectives of the material.

Programmed Instruction

Programmed instruction is a technique which uses prepared instructional materials to lead the learner through the facts and principles of a field of knowledge. Sometimes programmed materials use computers or teaching machines, but neither is necessary for the use of programmed instruction. One clear

advantage to programmed instruction is that it allows each student to learn the material at his own pace. It is even possible to do the instructional units at home or at hours convenient to the student. It also involves the learner in the process. Relatively few programmed instruction units have been developed for mental health content.

Group Self-Instruction

Group self-instruction is a technique of dividing the class into small groups, each with the syllabus of material to be taught during the course. The groups then organize themselves and decide which of their members will teach which sessions. (All members must teach some sessions.) The instructor acts as a consultant in the content and the group process. The students learn the content, but they also experientially learn group techniques and teaching techniques.

TEACHING OF SKILLS

In skill training there is an element of knowledge to be acquired as well as the practice of the skill itself. The teaching of skills can be both a classroom and a field process. Since there is a separate chapter on field instruction in this publication, this chapter will concentrate on the skill training that may take place in the classroom.

A real hazard to a mental health/human service program that stresses classroom instruction to the exclusion of field training is that the student will learn "about" the skills,

but may not actually be able to perform them. Of course, the ultimate test of the worker is whether he or she can perform the skills with clients. This requires field experience, but many of the basic skills can be learned in classroom or on-campus settings, such as laboratories or practicums. This publication distinguishes between practicum training which is an on-campus practice experience, and field instruction which takes place in an operating agency.

In either case, the instructional techniques are experiential. That is, the student learns the skill by actually carrying it out. The student then receives feedback from the instructor or peers regarding his or her performance and how to improve. There are several techniques for doing this:

> Mini-labs. Mini-labs are small group sessions in which the students practice their skills, such as interviewing, counseling, interpersonal skills, on each other while other students observe and later critique the performance. The instructor acts as a consultant and supporter to make sure that no student is unduly or unfairly criticized. This is a very potent learning device. It is also helpful in developing self-awareness of one's one styles and reaction patterns.
>
> Videotape and audiotape playbacks. Videotape and audiotape playbacks are techniques in which a student's performance in a skill is taped and then played back for his or her own and others' criticism and recommendations for improvement. Videotape, of course, is preferred because it picks up posture, eye-contact, mannerisms, inflections of voice and the content. The equipment for videotape is remarkably inexpensive and should be available to every mental health/human service program. It may already be available from the college's athletic department.

Audiotape and videotape are extremely powerful teaching devices since they allow the student to review her or her own performance and to learn from it. Both have a special advantage--they can be stopped for indepth discussion or replayed for repeated analysis.

Simulations. Simulations, also known as role-playing or gaming, have the learners play out roles in typical clinical situations. They are especially useful to provide students with experience in certain critical situations which may not come up in their field placements--such as counseling a dying person, dealing with a person who uses denial.

In using simulations it is well to involve all students in the process, not just the two or three who are the principal actors in the simulations. Others should be observers of certain of the actors and should be prepared to interchange with principal actors and carry the roles themselves.

A very useful technique for simulations is the use of trigger films which are very brief (one minute or less) clinical vignettes. The students have already selected their roles in small groups (i.e., client, therapist, observer) and they play out the parts immediately at the end of the film.

In the use of simulations, as in all experiential techniques, there must be a period of "processing" the learning exercise. Processing is the experience of reviewing, critiquing and suggesting improvements in the performance. It may be done by the instructor alone, but it is more effective if peers are also involved. Most experts recommend that the time devoted to processing or analyzing the exercise be at least equal to that given to the exercise itself.

There are two cautions to observe in using simulations: the students must be cautioned against playing caricatures of the roles they are supposed to be playing and the simulations must be appropriately chosen to teach what is desired. These may sound self-evident, but it is surprising how often they are not followed.

One-way mirrors. Rooms with one-way mirrors allow the instructor and peers to view another student in a clinical situation on the other side of the mirror. After the session the entire group assembles for the critique of the performance. These are most often used in clinical settings, but they can also be used in practicum settings on campus.

Coach-and-pupil method. This is a technique in which students pair off and each practices a skill while the other coaches and criticizes. They then reverse so that the former coach becomes the pupil. This is appropriate for learning basic interviewing, counseling and behavior modification skills.

TEACHING OF VALUES AND ATTITUDES

Values and attitudes have not traditionally been part of the conscious responsibility of higher education and relatively little is known about teaching of values. Yet they are a very important part of the mental health/human service worker's competence.

Since most persons who have lived 20 years or so have already formed values and attitudes about almost everything, there is a question of what a mental health/human service program should do about values beyond simply selecting students who already have the kinds of values and attitudes that are desired. However, most persons function with their basic value orientation at subconscious levels. A major objective of the instruction might be to bring these values and attitudes to conscious awareness with the hope that the student may modify his or her values if they are interfering with work with clients.

Since values are the belief systems that make persons decide what is worth doing in any situation, they are best made manifest and examined in experiential situations. The student is required to choose a course of action which is then examined for its value implications. This helps the student become aware of his or her own values and helps to set value priorities and to deal with value conflicts. One of the greatest problems in the human service field is dealing with value conflicts when both values are "good."

Many of the techniques already discussed under knowledge and skills can be used simultaneously to explore the value implications of a student's choices in videotape playbacks, simulations, group discussions, mini-labs and others. The instructor should be prepared to use these opportunities to make the same learning experience serve several objectives.

Other techniques that are especially suited to exploring values are:

Sensitivity training, T groups, encounter groups, etc. These techniques are particularly likely to force individuals in the groups to make a choice and then explore its implications. Several programs have week-long sensitivity type sessions at a retreat before classes begin. Then the process is revived for an hour or so weekly throughout the program. This technique is also excellent for increasing self-awareness.

The instructor should be reasonably knowledgeable about these techniques and must take care that the process does not become destructive for certain members who may be attacked by the group on occasions. The process should also avoid extreme or doctrinaire approaches to these processes. As in the case of skills, these experiences should be processed for their value implications rather than allowed to pass for the experience itself.

Seminar discussions. Seminar discussions are a technique for exploring a subject in considerable depth in a group. The subjects of seminars very frequently are value issues. The leader encourages all students to become involved in the discussion with explorations of the value implications. A skillfully handled seminar discussion will regularly require the participants to make choices and then explore the value issues underlying these choices.

The subjects for seminars may come from field experiences, current events, current program occurrences. If the instructor has clearly in mind the value issues which he or she wants the student to deal with in the course of the program, he or she should be able to steer the subjects of seminars to cover all of those values plus others that will arise in the course of the discussion

Role modeling. Role modeling by faculty is believed to be a potent method for learning values and attitudes. The role models offered by the faculty become crucial in developing appropriate values and attitudes in the students. This involves such matters as whether the faculty persons who are teaching community mental health are actually involved in the community or whether those who are teaching advocacy skills are actually doing advocacy work.

Perhaps most of all it involves the faculty's dealing with students in the same way that the faculty wants the graduates to deal with clients--showing dignity, allowing choices, requiring responsible peformance and being available.

Standardized tests. Many of the available standardized tests can be used for developing self-awareness. Tests such as the Allport, Vermon, Lindzy, Study of Values, the FIRO-B and COPE, the Edwards Personal Preference Schedule and the Kerr Empathy Test, are easily administered, scored and interpreted in group situations by faculty without undue student anxiety or cost. Results or norms are not usually moralistic or judgmental, and the results, when viewed objectively, force characteristics into view which are not easily exposed by traditional methods.

DEVELOPING SELF-AWARENESS

Except for a few highly sophisticated graduate school programs in human services, such as psychoanalytic training, higher education has not made the development of self-awareness a specific objective. However, in mental health/human service work it is quite essential that the student develop a high level of self-awareness. This will include conscious awareness of his or her own:

> Motivations, especially motivations for wanting to do human service work. Too often this turns out to be a need to dominate, to mother, to feel superior to others, or to compensate for guilt feelings.
>
> Values and attitudes about dependency, mental disability, sexual abberations, old age, death, drugs, etc. Often personal values get in the way of helping others.
>
> Abilities and disabilities. Each person has some particular strengths and weaknesses. The mental health/human service student must become aware of these and learn to work with them.
>
> Personality patterns. Each person has his or her own patterns of rigidity, impulsiveness, suspiciousness, mood swings, etc. The student must become aware of what his or her personality patterns are and how to work with them.
>
> Reaction patterns. Each person has certain things that bother him or her and certain characteristic ways of reacting when bothered or criticized--retreat, attack, become defensive, become expansive, etc. The student must become aware of his or her personal hang-ups and reaction patterns and how to avoid having them interfere with work with clients and communities.

At various points in this chapter there have been notations that certain techniques which are useful for teaching of knowledge, skills or values are also useful in developing self-

awareness. The instructor will want to use these techniques for accomplishing as many objectives as possible. This will require sensitive attention and alertness for opportunities to develop self-awareness in individual students. This requires the instructor to get to know the students quite well and is a major reason for requiring relatively low student/faculty ratios in the program.

Other techniques for developing self awareness are:

Individual student counseling. Individual student counseling should be a regular and ongoing part of the program. This is far more significant than the usual faculty-counselor arrangement that prevails in colleges. A major purpose here is to help the student develop awareness of himself or herself on the items listed above and to give some thought of how he or she plans to deal with these personal characteristics. This may require therapy for certain students who demonstrate serious personality patterns or drastic reaction patterns which they are unable to modify. Should intensive therapy be required, the student should be referred elsewhere. Intensive psychotherapy is not an appropriate faculty responsibility.

However, failure of a student to develop self-awareness or to modify or control characteristics unacceptable for human service work should be grounds for counseling out of or dropping the student from the program. It is not appropriate to graduate and certify to the field of practice students who retain serious blind spots or personality patterns which will interfere with their work with clients.

Selective field placement of students. On occasion it may be appropriate to provide a student with a highly selective field placement in order to help develop self-awareness in areas that seem to be especially difficult. This might include nursing homes, corrections programs or drug programs. These placements should be coupled with individual counseling of the student and with his or her understanding and agreement.

INTEGRATING THE INSTRUCTION

Most of the course work in a mental health/human service program is divided into units that deal with specific subject matter and which are taught by different instructors. This poses serious problems for integrating the entire program into a coherent whole for students. Traditionally the field has been the place where the student "integrates his classroom learning." This puts a heavy burden on the student to pull together all the content. Instead, there should be an obligation on the faculty to integrate their teaching for students.

Some of the approaches that might be used to help integrate the instruction are:

Defining Clearly the Objectives and the Curriculum

If objectives and curriculum are quite thoroughly planned, so that each faculty member knows what is being taught by other faculty and how the pieces relate, then all faculty members can do some integration of their instruction with that of other faculty persons. This requires considerable detailing of the curriculum, but it is well worth the effort.

Holding Faculty Curriculum Meetings

Regular meetings of faculty, both classroom and field, to review curriculum and student progress will help keep all faculty aware of what others are doing and how they can integrate the learning.

Having Faculty Who Teach Both Classroom and Field Instruction

The same instructor is able to integrate the whole learning process for students. He or she can make the knowledge more relevant for practice, and refer back to theoretical bases in the field instruction.

Having Meetings with Students

Having students thoroughly oriented to the curriculum objectives and having frequent meetings with the student body regarding their progress is helpful. If the students feel that the instruction is disjointed or meaningless to the overall objectives, they will say so and suggest ways for the faculty to improve the situation.

It would also be useful to hold weekly seminars of students on field placements with classroom instructors and field supervisors.

8

Planning Field Experience

Mental health/human service programs place considerable emphasis on field experience. In the classroom students can obtain knowledge about mental health and mental illness; they can also learn certain essential skills and techniques, at least with normal subjects, in practicum work and with other experiential learning. They can learn many of the values and attitudes from seminars, role playing and other experiential exercises on campus.

But the field is the only setting in which they can learn to become practitioners. In the field they learn to experience the mentally ill, the retarded, the alcoholic and persons with other problems of daily living. Here they learn the "how soon," "how much" and "how far" in applying their skills with real clients. They learn the realities of professional and agency life. Here they learn to work with real clients and real communities to solve problems from the beginning. Here, too, they learn the full implications of the generalist role model.

The field is not just a place where students "test out" or "integrate" their classroom knowledge. It is, in fact, the place where the most effective acquisition of knowledge, skills and values actually takes place. Virtually all employed graduates report that the field experience was the most valuable part of their entire curriculum.

However, the field experience must be more than a cursory visit to field agencies or a loose arrangement for the agency to "take students on Tuesdays and Thursdays," with no structure or expectation and supervision. It requires careful planning with the faculty, the student and the field supervisors.

OBJECTIVES OF THE FIELD EXPERIENCE

At different points in the field training there will be different objectives for the student. Among them are:

To see and experience firsthand the various kinds of mentally disabled persons and the programs that serve them. This might be done through field visits to mental hospitals, schools for the retarded, drug abuse or alcohol clinics, nursing homes, etc.

To learn practice skills to achieve and demonstrate competence in interviewing, counseling, behavior modification, group therapy with real clients.

To learn how the various professional specialists function in relation to each other and in relation to clients and families.

To learn firsthand how agencies actually function in relation to each other and in relation to clients and families.

To learn to solve a total clinical problem from the initial contact to evaluation and outcome. This is the process of "putting it all together" for the client, the true generalist role.

To learn to solve a community problem from initial detection to evaluation. This field experience would most likely involve a micro-community such as a nursing home, a half-way house, a school, etc., rather than a total community, but it is also the skill of "putting it all together" on behalf of a community rather than a client.

To develop awareness of one's own values, styles, reaction patterns, limitations, abilities, etc. as they affect other persons in human service work. There is a strong element of growth in this process.

It is surprising how little research there is regarding field training in the human service fields. Nearly all of what is in the literature is descriptive and anecdotal rather than controlled and evaluated. However, there are several points on which there seem to be consensus among many directors of two-year mental health/human service programs.

TIMING AND SEQUENCING

Many of the mental health/human service programs introduce field training at the very beginning and continue it throughout the program, often including a major field experience in the summer between the two academic years. They report that this arrangement enhances the classroom performance as well. The students see practical applications to the classroom learning more readily, and they are better motivated for it. It also provides students an early opportunity to test their personal aptitude and motivation for this kind of work.

Other schools provide field experience only in the second semester or quarter, or hold field experience off until the second year. This obviously can be made to work, but there are real advantages to starting the field training very early and continuing throughout so that field learning is concurrent with classroom theory.

The total amount of field experience in mental health/human service programs varies from school to school, but it generally makes up about 25 percent of the total credit hours. This usually requires a far greater number of clock hours than the credit hours would indicate, for laboratory hours are traditionally calculated at 2:1 or 3:1 to lecture hours.

As for sequencing the field learning, it is not always possible to arrange an ideal form. However, there should be some attempt to sequence the learning for students so that, for instance, they learn to relate to people before they undertake to change their behavior or take on a total clinical problem. There should be sufficient time for a student to have continuity with selected clients.

The specific sequence for each student is negotiated in an agreement worked out among the program director, the field instructor and the student.

The question arises regarding the kind and number of field placements for any particular student. Despite considerable variation there is strong feeling that the ideal pattern of field experience placements would be for the

student to have at least three different placements. One of these, perhaps the first, would be in a mental institution, a nursing home, or the psychiatric service of a general hospital. Here the student would experience the severely disabled, the major professions and total institutions.

Another placement would be in a community mental health setting--a clinic, a day hospital, a crisis service. Here the student would experience the less troubled client, the community orientation of mental health services and a greater variety of models of intervention.

A third setting might be a community agency or program that is not primarily a mental health service but in another human service area altogether--a school, a rehabilitation program or a criminal justice program. The student experiences a wider variety of human services and community services and their perceptions of emotional and mental health problems. He or she learns how to relate these services to clients and also how to work with the "troubled" but not necessarily "disturbed" clients of those agencies.

There is rather strong agreement among faculty and students that it is <u>not</u> desirable to have students placed in a single agency such as a state mental hospital for all of their field training experience.

FIELD SEMINARS

To some extent, students can exchange their experiences through regular field seminars, which are extremely useful to "process" the experiences for the learning implications. Too often this is overlooked; students have wonderful experiences that are never systematically analyzed for the learning that is inherent in them. Seminars are especially desirable for exploring value issues and conflicts and bringing them to awareness. In seminars students learn from each other and develop an awareness of diverse viewpoints, procedures and approaches to problems.

Many schools have made field visits to several agencies or have planned special events such as putting on a talent show for state hospital patients. Some programs encourage students to do volunteer work with mental health programs to gain further experience and learning. While helpful, such activities are not a substitute for soundly structured experiences of a direct service nature with opportunity to analyze the learning that is taking place.

RECRUITING AND MANAGING FIELD PLACEMENTS

In most schools there is a single faculty person who has responsibility for recruiting and arranging field placements. Often this is the mental health/human service program director, but it may be another faculty person or an overall field instruction coordinator for an entire human services division. There is considerable work involved in recruiting

and setting up field placements of a mental health/human service program. In every aspect of recruitment, the faculty person must consider the particular needs of the agency and be prepared to demonstrate the advantages of placements to the agency.

Among the possible approaches are:

Discussion with the advisory committee and exploring placements for students in the programs represented by advisory committee members

Discussion with staff development officers of mental health or human service agencies

Workshops on the training and use of mental health/human service workers for local agency staff persons, with an appeal for field placements in their agencies

Direct calls, letters and visits to agencies or programs that might make good field placement settings

After field placements for students have been located, most experts recommend that two kinds of contracts be developed. One of these is an overall contract between the college and the agency, spelling out the expectations of each party in regard to all field placements in that agency. The other kind of contract is an individual contract or agreement among the faculty coordinator of field placements, the field instructor and the individual student, to define what is to be expected in regard to each student's field placements.

The Overall College/Agency Contract

The overall contract between the college and the field agency should be in writing and signed by responsible persons for each party. In many cases it will be in the form of a letter or memorandum of agreement, but in some cases, especially if money is to be exchanged, it will have to be in the form of a legal contract. Among the points of agreement will be the following:

The numbers of students to be placed in the agency at any period of time, the lengths and dates of their placements.

The nature of the field instruction they are to receive. This will note the general kinds of experiences students will receive, and from whom, what kinds of supervision they will have and how they will be evaluated.

What recognition or compensation the field instructors will receive. Some field instructors are given "clinical instructor" or "adjunct professor" faculty appointments by the college. Others are paid fees for their services. Some agencies simply assign the field instruction duties as part of the agency person's overall job responsibilities.

What the college expects of field instructors in the way of participation in special training workshops, faculty meetings, etc.

What limitations there are to be on students. Are there limitations to certain hours, buildings, services, etc.? Do students have access to all records, including fiscal and administrative records? Are students considered to be employees for any liability purposes? Will the college's liability coverage be sufficient? Do students make records in clinical files?

What benefits, if any, are to be furnished to students? Are students to be provided with meals, offices, travel compensation or housing? Most often these benefits are not provided, but the contract should make this clear.

These contracts or agreements between colleges and field agencies should be reviewed and re-negotiated each year.

Contracts or Agreements for Individual Student Placements

These agreements are also written and signed by the field placement coordinators from the college. (This person may be the mental health/human service program director.) It is much more a programmatic contract than an administrative contract. It spells out such things as:

The exact time period and days of the student's placement.

What the student is expected to learn or be able to do as a result of this specific placement. These are best stated in graphic and specific terms called "behavioral objectives".(i.e., "The student will be able to accurately observe, interview, record and report the findings from mentally ill persons for diagnostic team conferences.") It is well to avoid vague generalities such as "The student will show personal growth."

Exactly what the student will be expected to do during the field placement. This avoids the problem that sometimes arises when no one quite knows what to expect so the student is left to simply observe or to browse through clinical files and records.

The responsibility of the field instructor to supervise, counsel and conduct seminars for the student.(i.e., how often?) If the instructor is to assign readings, writing papers, etc., this is stated here also.

The responsibility of all parties to coordinate the field learning with the campus learning.

A plan for evaluating whether the student has attained the objectives set forth, together with an evaluation of any special abilities, needs or problems of the student that may be revealed during the placement.

A statement of any special administrative arrangements that are to apply to this student's placement (for example, if a student is to receive travel reimbursement for home visits to aftercare clients).

The student should be an active participant in planning for his or her placement and in drafting the contract. In some schools the student is expected to apply for the field placement and negotiate for what he or she is to learn and do. The agency is under no obligation to accept a student who is unable to prepare a plan that satisfies the agency. This is good for motivating students in their field learning and for preparing students for later job-seeking when they are graduates.

IMPROVING FIELD INSTRUCTION

Mental health/human service programs have special problems in attempting to improve the quality of field instruction, since they are often limited in their ability to pay instructors. However, there are several mechanisms that have been used to improve the quality of the field instruction and to better coordinate the field and classroom programs. Among them are:

Workshops on field instruction for all faculty and field instructors. These workshops might touch on such subjects as the generalist concept, concepts of adult learning, or evaluating student performance in the field.

Regular meetings of field instructors and classroom faculty--perhaps at a monthly "brown-bag" lunch--to discuss progress of the students and to resolve any problems.

Some classroom teaching by field instructors and some field instruction by classroom faculty.

Annual or semi-annual meetings of field coordinators and field instructors and selected students to evaluate the various placements and to plan changes for the next year.

9

Evaluating Students

Evaluation of an informal kind goes on all the time in a program, but there may be no record of feedback of the kind of informal judgments that faculty, fellow students, clients and the students themselves are making about student's development. There is a need for systematic and structured evaluation procedures.

PURPOSES FOR EVALUATION OF STUDENTS

Among the specific purposes for formal evaluation procedures are:

To provide a measure of the extent to which each student has met the objectives outlined in the curriculum. These measures will provide the basis for grades and ultimately whether he or she receives a degree.

To provide a means for the student to monitor his or her own progress, observe himself or herself and increase his or her motivation.

To assay the effectiveness of the teaching in developing knowledge and skills. This may lead to modification in the curriculum or to changing the methods or content.

To facilitate job-seeking by having evaluation documentation of each graduate's competence.

To provide evaluation approaches for graduates to use later for self-evaluation of their work performance.

To account to the college administration for the curriculum, personnel, facilities and funds allocated to the program.

To account to accrediting and approving bodies regarding the program's effectiveness.

To account to the community for the competency attainments of its students. This data may be used in developing jobs or in documenting the program for legislators, professionals, consumers or agency administrators.

PLANNING FOR EVALUATION

The process of evaluating students basically begins at the time the program is developed. The program objectives and the detailed curriculum objectives will be specified to the point where they provide the criteria and the measures by which student evaluation can take place.

Preparing a student to become a practitioner implies that there will be a knowledge base, a base of skills and certain values and self-awareness which will make up the "core of competence" that will serve as the objectives for evaluating students in any particular mental health/human service program. For any individual student the objectives might be further elaborated depending on any special interests or plans that he or she may have.

NEGOTIATING THE EVALUATION PROCESS

With this background for evaluation, the program is ready to negotiate the evaluation process for individual students,

faculty and field instructors. The specific steps are:

A Clear Contract with Each Student

This may be an informal oral contract, but it is often better to put the contract into a written memorandum. It should cover such items as:

What is to be monitored in knowledge, skills and attitudes?

Who will do the monitoring--students, faculty, field instructor?

What time frames are expected--days, weeks, months?

What forms of documentation will be used--reports, check forms, clinical records, rating sheets, conference notes, grades?

An Understanding of Post-graduate Responsibility

Explain to students that the program will ultimately also want reports from them as graduates in employment and from their employers noting how they are doing and what recommendations students and employers may have for modifying the program.

STUDENT PORTFOLIO

A useful device for a mental health/human service program to develop, in collaboration with each student, is a student portfolio. A portfolio provides a framework for evaluation of the student's progress, and it also provides documentation of the student's specific achievements which may be used as a tangible record of achievement when approaching potential employers for a job.

The portfolio should be started as soon as the student is enrolled in the program and should be cumulative throughout the student's school experience. Among the items that might be included in the portfolio are:

A statement of the program objectives in the areas of knowledge, skills, values and self-awareness

A copy of the specific contract(s) negotiated with the student (Additional contracts may be negotiated for each field placement.)

A transcript of academic courses and the student's grades

A record of field placements and evaluation reports from them

A realistic and individual profile of the student's knowledge, skills, values and self-awareness

Student reports of work samples done in classroom and field

The student will participate in developing and maintaining the portfolio. It provides an objective way for the student to evaluate his or her own progress toward individual objectives. Later the student should be allowed to select from the portfolio those items that he or she wants in his or her dossier for job-seeking with potential employers.

PERFORMING THE EVALUATION

In the operating stages of the program there are several points to consider in actually performing evaluations:

What to Evaluate

In developing the core of competence for the mental health/human service worker, the material has been broken down into

knowledge, skills, values and self-awareness. These are useful categories in many ways but they are not mutually exclusive. The final objective, of course, is to put these together into useful practice roles. In evaluation there often is only the overt clinical behavior of a student from which to infer the knowledge, skills and values. However, with this word of caution, it is still useful to evaluate students in terms of those basic dimensions.

How to Evaluate

The methods or techniques for evaluating students will vary depending on which objectives are being evaluated.

Knowledge objectives are evaluated by the use of oral or written examinations, questionnaires, written or oral reports, term papers, class presentations and pre- and post-tests. There is a great deal in the literature about choosing appropriate tests, designing tests, scoring and evaluating the validity of the tests.

Skill objectives are evaluated by such techniques as:

Structured observations and reports

Rating sheets or charts to be filled out by instructors, field supervisors or peers

Videotape playbacks of student's performance

Simulations, role playing, modeling, psycho-drama

Logs and journals

All of these are based on the student's actual behavior. Skills are the essence of being a practitioner. They involve behaviors and the learning of not just "how much" and "how long."

Skills are usually analyzed into gradually increasing levels of complexity and discrimination. Thus, an example of the skill of interviewing might be taught and evaluated at three levels:

Level 1 - greeting, developing rapport, observing, listening

Level 2 - supporting, confronting, exploring, paraphrasing

Level 3 - using body language, eye contact, and attending mechanisms, reflecting, interpreting

The student and faculty will need to know at which level the student is expected to perform. Of course, it is most likely that the level of expected performance will vary with the stage of the student's training. In the first semester Level 1 may be sufficient, but in the second semester the student will be expected to move to Levels 2 and 3. This should be made clear in the contract.

Since skills are related to performance, they are evaluated by observation of actual behavior. The student must be able to demonstrate competent mastery of skills.

Values and attitudes are evaluated by techniques such as:

Logs and journals

Check forms by supervisors

Peer ratings

Attitude rating scales

Small group interactions such as seminar discussions

A serious problem in the teaching of values is that people often profess one value orientation but practice an entirely different one. For this reason it is almost essential, both in teaching and evaluation, to require the student to choose some course of behavior and then to analyze that act for its value implications.

> Self-Awareness is a critical element in human service work. This is taught by techniques that require the student to confront his or her values, actions, motivations, reaction patterns, biases, abilities and limitations. Self-awareness will be evaluated by methods that determine the extent to which the learner has gained conscious self-awareness and has either accepted himself or herself or made efforts to change.
>
> Some methods of evaluating self-awareness might include:
>
> Personal counseling
>
> Observation of behavior in small group seminars
>
> Supervisor's observations and ratings
>
> Peer ratings

FURTHER ISSUES IN EVALUATING SKILLS AND VALUES

Much has been written about evaluation of knowledge, but there is not much written about techniques for evaluating skills, values and attitudes, and self-awareness. Just as the teaching methods are more experiential than didactic, so the evaluation techniques are more behavioral. They are oriented more toward documenting the student's achievement of competencies

or his or her need for further work than to scoring with a percentage figure or grade. They thus tend to have greater use for motivating students to improve than primarily for grading.

Evaluation Techniques

Logs and journals are detailed records which students maintain of their case and community work. These can be examined to evaluate how well the student:

Organizes material, summarizes and develops clarity of expression

Accepts responsibility and manages her or his time

Defines problems and formulates plans from flexible alternatives

Carries out interventions

Becomes aware of his or her own feelings and distinguishes between them and those of his or her clients.

These logs are regularly reviewed with the individual student to evaluate progress and to suggest improvements. They can also be made a part of the student's portfolio.

Videotape playbacks are an excellent method of evaluating students and having them see themselves as they actually performed. This is a powerful motivation to improve. It is particularly useful in evaluating:

Use of body language, eye contact, and attending techniques

Use of interpersonal skills of genuineness, accurate empathy and non-possessive warmth

Counseling skills

Confrontation and support skills

Simulations are a method in which students are given roles to play in hypothetical situations. They must be cautioned not to caricature the roles. In some

simulations certain roles are almost completely scripted so that the students are placed in more standardized situations. The "trigger" films that pose a brief (up to one minute) clinical situation from which the students take over the roles and play out the situations is another somewhat standardized approach to simulations. Evaluations may be done for:

Specific responses desired

Confrontation and support skills

Clinical problem solving

Counseling skills

Interpersonal skills

These should be processed with the student immediately after the exercise.

Small group seminars are useful in evaluating several skills and values and in assessing self-awareness:

Group skills

Confrontation and support skills

Values regarding dependency, chronic illness, death, work, interventions, race

Self-awareness of own motivations, values, abilities and limitations.

The small group seminar may have to be guided into some of these areas in order to observe student reactions. It is important here also to analyze the interactions at once so that the students become aware of their strengths and limitations and can make the appropriate changes in their behaviors.

Behavior check forms may be used for several aspects of student performance, including:

Acceptance of responsibility

Completion of assignments according to schedules

Collaboration with others

Community ability, both oral and written

Behavior check forms regarding the specific tasks that the student is expected to achieve can be used as guides for instruction and as evaluation measures for how the student is progressing on individual tasks in his or her overall program. Following are examples of specific behavioral expectations that students might be expected to achieve:

Skills and Objectives	Satisfactorily Completed	Date	Comments
1. Is present at all sessions, on time, makes advance preparations			
2. Observes an intake interview			
3. Conducts an interview under supervision			
4. Identifies client's problem(s)			
5. Assists in formulating a treatment plan			
6. Follows through on treatment plan			
7. Conducts a termination interview			
8. Conducts follow-up visit			
9. Presents oral and written report of activities to supervisor or instructor			
10. Consults and interacts appropriately with staff			

SECTION III

Community Development

10

Developing Jobs

Mental health/human service programs differ from many established technologies where there is general public, professional and administrative acceptance and where job descriptions and positions are well established. However, it is similar to the situation in which associate degree nursing programs originally found their graduates ineligible for licensure which required three years of training. Dental hygiene and physician assistant programs have also had to overcome similar job development problems.

The obligation to develop jobs is reinforced by the fact that mental health/human service programs are practitioner training programs which imply that jobs are available. Any practitioner training program will fail if substantial numbers of its graduates are unable to find employment or to perform satisfactorily in employment. While mental health/human service programs cannot make promises to students or potential students that jobs will be available upon graduation, there is still an obligation of the faculty and the college to work toward the development of appropriate jobs

in state and local agencies. While graduates will be expected to exercise initiative to find their own individual jobs, it is not fair to place upon them the responsibility for developing a job market for themselves.

The faculty's role in job development activities is in working with busy administrators and professionals who have other pressing responsibilities and duties. They are also often conditioned by their professional training and by established personnel systems and practices to prefer fully trained professionals. Thus there is the double challenge of getting their attention from a busy schedule and selling mental health/human service workers in the face of a specialized professional value orientation.

Job development then becomes a selling, educational and promotional activity which requires careful and persistent efforts directed toward a variety of state and community persons--agency administrators, professionals and personnel officials. It is not sufficient to do a single survey of agencies or to have a single meeting with administrators. Time and resources must be budgeted for job development.

Many aspects of job development can be combined with other program activities. The following are some of the points at which job development activities should take place in a mental health/human service program.

PLANNING A PROGRAM TO INCLUDE JOB DEVELOPMENT

Some of the most significant job development work should be done in the planning phases of a program. This will include activities such as:

Obtaining Specific Information About Jobs While Doing Needs Assessment Surveys

The survey should seek specific job information such as how many mental health/human service workers each agency will realistically employ year by year, at what salaries, for what settings and with what job responsibilities. The survey should also determine what existing job openings are available to mental health/human service workers and exactly what procedures will be necessary to establish new job descriptions and budgeted positions.

Often steps to establish new job descriptions and new positions require action and approval by several persons and agencies such as mental health agency administrators, personnel and classification officers, civil service and merit system officials, budget officials, and legislatures or county commissioners. In large public agencies this is a cumbersome and time-consuming process which often can require as long as two years of meetings, letters and telephone calls. All of this is frustrating at best, but the faculty that learns the full process and plans for it from the very start is more likely to be successful.

Using an Advisory Committee

The advisory committee members can be very helpful in job development. This involves at least three aspects of advisory committee activity.

1. Have key officials from major employing agencies on the advisory committee. This might be the staff development officer of the state mental health agency or of local hospitals or local mental health centers or possibly the personnel officers or the agency directors themselves. These persons can advise the program of steps needed in job development and of new program plans that will require new workers. They may also facilitate some of the job development work in their own agencies.

2. Ask the advisory committee for specific advice and recommendations for job development in the community at large. They may be able to advise the faculty of local program developments that offer job opportunities in non-traditional settings. Perhaps the greatest job opportunities for mental health/human service workers today lie in small, non-profit agencies such as halfway houses, sheltered workshops, board and care homes, social rehabilitation programs, day care programs, extended care facilities, etc., which are not part of the large public bureaucracies although they operate on contracts with public agencies.

3. Ask individual advisory committee members to help with various job development activities such as drafting job descriptions, meeting with agency administrators, or hiring individual graduates in their own agencies.

Planning Field Experiences

In planning which agencies to use for field placements of students it is well to inquire about the likelihood of that agency's ultimately employing graduates of the program. Agencies that express no interest in hiring the workers should

be given a low priority for field placements unless the educational opportunities available to students in that agency are exceptional. Agencies are unlikely to provide appropriate role models for mental health/human service students if they have no intention of ever employing the graduates.

In planning field placements it may be well to consider some of the small, non-traditional agencies of the kinds that may ultimately provide jobs so that students get the feel of job responsibilities and how to go about seeking jobs in such agencies.

Opportunities in the Student Recruitment and Selection Phase

If the program recruits some of its students from among persons who are already employed in mental health/human service agencies, such as psychiatric aides, attendants in institutions for the retarded and drug and alcohol counselors, not only do these persons already have jobs, but they provide a personal entree to their agency for both the mental health worker concept and for other graduates of the program.

The personal element is an extremely useful strategy in job development. Agency administrators and professionals are much more likely to employ a person they know and have worked with than to commit themselves to an abstract concept such as middle-level workers whom they have never personally experienced. Whatever opportunities (field placements, workshops for agency personnel) can be used to personally expose students to agency persons and professionals will help in overall job development.

A few schools began their programs as a staff development activity in collaboration with a local mental health facility and found that this approach opened up job opportunities for other graduates as well. This approach has been helpful to the agencies and more agencies are seeking this kind of relationship to local colleges.

JOB DEVELOPMENT ACTIVITIES AFTER THE PROGRAM IS UNDERWAY

There are many job development activities for the mental health/human service program faculty once the program is actually underway. Specific activities will vary somewhat with the findings of the surveys and with what the problems and procedures are determined to be in each state and community. Some of the general steps to consider are:

Obtain Understanding and Commitment from Agency Administrators to the Ideas of Employing Mental Health/Human Service Workers

These might be state, public, non-profit or private-for-profit agencies. Agency administrators are probably the key element in job development. There is little point in working with merit systems, legislators and professional groups if the local agency administrators are not committed to wanting mental health/human service workers in their agencies. There are several possible approaches:

Personal visits to agency administrators. This is certainly preferable for certain major local potential employers. The program director (or other faculty) and the agency director and his key staff can then explore all aspects of employing the workers in the agency and agree on a plan of activities

that will be followed in approaching personnel agencies and appropriations bodies. Exploratory visits of this kind should be initiated early in the program's development for two major reasons: it often takes several months to go through all of the necessary administrative procedures, and the agency may request that the training program take steps to include certain competencies or roles that will require modest curriculum changes.

Exploratory visits of this kind may be arranged through advisory committee members or directly. It is well to take along any written materials about mental health/human service curriculum plans, brochures about the college, etc.

Such a meeting should produce a recommended series of steps to be taken by all parties. It is desirable to arrange for one person in the agency, such as the staff development officer or the personnel officer, to be the responsible person to follow up on these steps and to be the liaison person to the mental health/human service program. The college program director should make a record of all of the steps to be taken, deadlines, etc., and then follow up on them.

In all of this, the leadership, initiative and pleasant persistence of the college program director will be extremely important. It is good salesmanship and good politics to confirm agreements in writing, make pleasant reminder calls or visits, offer to help in any way possible, write thank-you notes, and express public appreciation.

Workshops for key agency personnel. The college mental health/human service program may sponsor day-long workshops for local agency directors and other key administrators to explain mental health/human service workers, the program and curriculum, to introduce students and to discuss field placements and job opportunities. The workshop approach is useful for reaching a number of smaller and varied agencies. It has several other advantages--it allows the agencies to see the college and the students, it provides for wider exchange of ideas and questions and it reaches more agencies at one time. However, it is a bit more difficult to get specific commitments without follow-up visits or additional workshops. SREB has prepared a series of videotapes and publications which may be helpful in the workshop.

Developing Job Descriptions and Salary Classifications

Most large agencies have formal job descriptions and salary classification schedules for all positions in the agency. Unless there are already appropriate job descriptions under which mental health/human service program graduates can be employed, it will be necessary to write new ones and get them accepted by some central personnel agency. This can be a long process that requires considerable negotiation. It is almost essential that the operating agencies have declared their desire to hire the graduates before the personnel agency is requested to establish job descriptions, since the requests for new job descriptions ordinarily originate from the operating agencies. The personnel agency is unlikely to respond to a request to establish a new job description that originates from a college.

However, once the operating agencies have declared that they want mental health/human service workers and have asked the personnel agency to develop job descriptions, it is quite appropriate for the college faculty to help. Some of the things that the college program director might do to help are:

Get together with other mental health/human service programs in the state and draft a sample job description of the duties based on what the agency has declared it wants the workers to do. This sample job description can then be taken to the agency people and to the personnel division. It may be well to refer to job descriptions from other states or agencies.

Meet with people who are responsible for developing the job description and get it through all the steps that are required for approval. The faculty should

inquire frequently on how the process is coming along and offer to help with any questions or further documentation.

The faculty should be prepared for the fact that most personnel systems, merit systems, etc., are reluctant to establish new job descriptions. They are constantly under pressure to expand the number of job descriptions and they want strong documentation for why each new job is needed and how it differs from many others that already exist.

Help with salary classification for the position. Within the personnel agency there is also a classification office which must decide what salary class to assign to each new job specification. Here also the faculty may be asked to further describe and document salary levels elsewhere and what overall responsibility the workers will carry. This is a critical item in classification. The faculty should be prepared for the reluctance of the personnel people to require an associate degree in mental health/human service. The personnel agency is much more likely to require only "two years of college" unless there is clear documentation of why an AA degree in mental health/human service is required.

Help the merit system prepare the examination for the workers once the positions are established. Since this is not a profession that is already required to take a licensure examination, the merit system will require an examination of all candidates. The college faculty may also be able to suggest examination procedures or help design questions that will measure the competencies required. Otherwise, the examination is likely to reflect only reading comprehension and the ability to follow directions. The faculty will not be allowed to actually prepare or even see the final examination, but they may help with the examination's development.

All of these steps in developing job descriptions, merit examinations, etc., are essentially matters within the agencies, but the college has a stake in helping and facilitating the process in whatever ways it can.

ESTABLISH POSITIONS IN THE AGENCIES

Even after all of this procedure to establish job descriptions, classifications and examinations, the job is not complete. There must still be specific budgeted positions established in the agencies before any graduates can be hired. For the most part this requires obtaining funds for the position, but there are other aspects of it. The college may help by:

Supporting the Agencies' Requests for Funds for New Programs and Positions

This may be done by writing letters, making personal calls or visits or testifying before committess of legislatures and county commissioners. If funds are not granted, the positions are unlikely to be established. This step is primarily a political and public relations matter, but it is extremely important. In some agencies that operate on a biennial budget, getting sufficient funds allocated in the budget may have to be initiated up to two years beforehand.

Assisting the Agency to Establish the Organizational Structure for the New Workers

After funds are obtained, the agency must decide where it is going to assign the mental health/human service workers for both programmatic and administrative supervision. Will they be assigned to one of the existing professional departments (i.e., nursing, social work, psychology) or will they be assigned to units (i.e., children's unit, alcohol unit, admissions and treatment unit, day hospital)? The college

can help the agency explore the alternatives and establish administrative lines and procedures. Agency staffing patterns and procedures vary greatly from agency to agency and from time to time.

In many smaller agencies these procedures are much simpler. Sometimes small agencies are able to convert money from vacant positions to mental health/human service workers. They may still need help in setting up new positions and procedures, and the college faculty should stand willing to offer help.

Using Field Experiences for Job Development

The faculty will want to work closely with agencies to encourage them to plan to employ some of the students who were assigned to their agency on field placements. This means that the faculty must be sure that the placements are working out well, and that any problems are worked out promptly lest the agency become doubtful of whether it wants to hire graduates who might have the same problems as students.

Individual students should be encouraged to explore with their field agencies the possibilities of employment upon graduation.

Using Part-Time Instructors from the Field to Develop Jobs

This helps to develop jobs and gives a practitioner role model for the students.

Preparing Agency Professionals to Introduce and Use Mental Health/Human Service Workers

Preparing the professionals of agencies that will employ the workers is of special importance, since some professionals may have no firsthand experience with middle-level workers and thus may tend to think of them as only aides. They need help in understanding the generalist concept and how their roles as professionals will change to focus more on consultation and program administration than on direct client services. This may be done by:

Working with professionals of the agencies in which students have field placements to assure that they understand the concepts and that they function in these new roles in relation to students placed there.

Holding training workshops for the staffs of agencies that plan to hire graduates to explain the college program and to discuss the kinds of work the graduates will do as employees of the agency, such as making entries in the clinical records, providing programmatic supervision and team relationships. Professionals may block the administrator of an agency from hiring the workers if they do not understand what the workers can do, and if they object to hiring anyone except fully trained professionals.

PREPARE STUDENTS FOR JOB SEEKING

The faculty will do well to assure that students are prepared for job seeking. This might include:

Knowing where jobs may be, how to fill out an application, what to say in an interview, how to take a merit examination, etc.

Having an idea of how to sell themselves to agencies that had not thought of hiring mental health/human service workers. This involves a careful blend of persuasion and humility, but it is often important in selling one's self to potential employers.

JOB DEVELOPMENT IN THE EVALUATION PHASES OF THE PROGRAMS

The mental health/human service program may be able to do a good amount of job development in the evaluation phases of the program. This is particularly so if the college program will be changed to comply with evaluation findings.

Evaluation studies will document what graduates of this particular program are doing and how well they are doing it. This kind of documentation is often helpful in selling the graduates to other agencies. Their performance is now a fact--not a mere proposal.

Evaluation studies will show areas in which the program might be modified or expanded to better meet the job needs of existing and newly developing agency requirements. Once the program has some reputation for achievement and flexibility, this kind of evaluation may encourage agencies to look even more to the college for help with their manpower needs.

Have the faculty serve on various boards, task forces, committees, etc., for local mental health or human service agencies and associations to learn what the agencies think of mental health/human service workers and to put in a word for employing them in appropriate generalist roles. The other board members and agency directors also get to know the mental health/human service program faculty and develop a greater understanding and respect for what its graduates can do.

11

Advisory Committee And Community Relations

ADVISORY COMMITTEES

The appointment and use of an advisory committee to the mental health/human service program is a highly recommended technique for relating the college training program to the local community. Ideally an advisory committee will be appointed as soon as a tentative decision has been made to explore or establish a mental health/human service program. However, it will continue to serve beyond the implementation period of the program, although it will be very likely to change its role, composition and objectives. It is well to keep in mind that different persons may be chosen for doing studies and developing a program plan from those who will best be able to serve during the implementation and after the program is under way. It is important that the advisory committee be seriously used with respect of the faculty, the community, the administration and the students.

FUNCTIONS OF THE ADVISORY COMMITTEE

Committees may be advisory or policy making. For most colleges the emphasis will be on advisory functions. However, they will also have much serious work to do.

Study of Need for a Mental Health/Human Service Program

An early function of the advisory committee will be to advise the college on the conduct of a study of the feasibility and need for a program at the college. It may actually carry out the study. In either case the committee will work in close cooperation with the college administration and the college faculty who will most likely be involved in the program. Some members of the committee at this stage might be college faculty.

Development and Implementation

Later the advisory committee will advise the college administration on the development and implementation of the program including assisting and advising on program objectives, curriculum objectives, obtaining funding, establishing policies and procedures and recruitment of faculty and students.

Developing Field Placements and Jobs

Another function will be to advise and help the program to develop field placements in community agencies and to advise and help the program to develop jobs for graduates.

Assisting with Community Relations

During the operation of the program the advisory committee can be helpful in developing community understanding and support for the program. This might include relations with local news media, professional groups, community agencies, senior colleges and public officials. To some extent the members of the advisory committee may make direct presentations to community groups.

At other times they will advise the college and the faculty on procedures for developing community relations.

Feedback and Program Evaluation

Another major function of the advisory committee will be to give feedback to the program about how its students and graduates are doing and to advise on overall evaluation of the college program.

STRUCTURE OF THE ADVISORY COMMITTEE

The structure of the advisory committee will vary from college to college. Ideally there will be a simple set of by-laws or guidelines that spell out exactly what some of the structural issues shall be. These might include the purpose, membership, terms of office, how new members are to be chosen, calendar of meetings, officers and methods of selection.

Membership

The number of persons on the committee will vary, but a manageable size is 10 persons. There might be more for an original study group. Primary consideration in selecting members should be given to representatives of the community's major mental health/human service agencies and potential field placement agencies and employers. A secondary consideration is to have representation of the various professional disciplines. Consumers may be represented by mental health associations, associations for retarded citizens, etc. Local community

leaders, ministers, political figures may be asked to serve on the committee or may be invited as special guests for specific meetings. Later on, provision should be made for students and graduates to serve on the advisory committee. Attention should also be given to newly developing agencies where future employment opportunities may exist as well as to traditional and well established agencies.

Committee members are usually selected by the person most directly responsible for the program--the program administrator or the department or division head--with the actual appointment made by the college president. The individual responsible for making the selections might seek the recommendation of community and college personnel. With this step the political life of the program begins.

Officers

The selection of a chairperson and other officers is done ideally by the committee itself, but they may be appointed by the college president or the program director. A vice chairperson is also desirable and perhaps a small executive committee if the overall committee is large.

Terms of Office

The by-laws should spell out the terms of office for each member as well as for the officers. A common approach is to appoint three-year terms, with one-third of the appointments expiring each year. In any case, the terms should be staggered so that a majority of members will remain beyond

each term. The terms of office for the chairperson and vice chairperson should be at least one year.

Secretarial

The secretarial functions of the advisory committee will be met by the college. This includes arranging meetings, preparing the agenda (with the chairperson), preparing and distributing minutes, and doing any other special work.

Subcommittees

At any time the advisory committee may need to appoint subcommittees. Some common topics for subcommittees are job development, field experience, curriculum and community relations.

PROCEDURES OF THE ADVISORY COMMITTEE

Meetings

The advisory committee should meet at least quarterly with additional meetings scheduled if needed. The meetings should be scheduled for the convenience of the members, not for the convenience of the college. This applies to both time and place.

Agenda and Minutes

There will be a prepared agenda for each meeting. The agenda is set by the program director and the chairperson well ahead of the meeting. Copies of the agenda are then sent to the members with notices of the meetings.

Minutes should be taken by the program director or a secretary appointed by the committee. It is a function of the college to see that these are done in complete and timely fashion. Copies are sent to all members and to other key persons such as deans and department heads.

Relations to Administration

The decision to have an advisory committee will be cleared and understood by the college administration at the start. The administration should be responsive to the recommendations and advice of the committee whenever possible. It is the program director's responsibility to represent the college's orientation to the committee and to act as liaison between the committee and the college.

The committee serves as advocate for the program. In case the committee finds itself in a communications breakdown with the program director, the committee officers may find it necessary to meet with higher level college officials.

Formal relationships between the committee and students and the committee and faculty will ordinarily go through the program director. Both students and faculty should be encouraged to attend advisory committee meetings when feasible.

COMMUNITY RELATIONS

Effective community relations are crucial to the survival of the program. The survey of needs and the advisory committee should help assure that the program's objectives reflect community needs and are modified from time to time as community needs change.

NEWS MEDIA

News media relations are frequently coordinated through the college public relations office. Publicity in newspapers and on radio and TV has been useful in educating the public about the nature and scope of the programs and has helped in recruiting students and in motivating agencies to participate in the program. Media coverage also serves as a morale booster to students, faculty and participating agencies.

A program newsletter that is sent periodically to local media, professional organizations, local agencies, alumni, other departments of the college and interested individuals can be helpful in maintaining community relations and communications.

PROFESSIONAL ORGANIZATIONS

The local and state professional societies involved in mental health and human services should have an awareness of what the mental health/human service programs are about. They need to know about the students, faculty, curriculum and the kinds of graduates the program is trying to produce. It is

to the college program's advantage to make special efforts to keep them informed. Individual faculty persons should become involved in their professional groups whenever possible. They should also make special efforts to prepare papers and make presentations about the program at the meetings of these groups.

LOCAL VOLUNTARY AND PUBLIC AGENCIES AND ASSOCIATIONS

The faculty of the mental health/human service program may serve on boards, committees, task forces, and as consultants to staff development in local voluntary and public agencies and institutions. This kind of service not only provides evidence of the program's realistic commitment to serving the community, but also provides opportunity for the faculty to learn more of the problems and needs of the agencies so that students can be trained more appropriately. It also provides for better community understanding of the college program and helps to develop job opportunities for its graduates.

The faculty will need to organize periodic workshops for leaders of local agencies to explain what the mental health/human service program is trying to do and to explore the development of field placements in the various agencies. In all of this it is well for the faculty to take the initiative rather than to wait for invitations. The agencies should also be sent copies of newsletters or special reports from the college program.

RELATIONS TO EDUCATIONAL PROGRAMS

There are four major areas in which the mental health/human service program in the community colleges will have relationships with other educational programs:

1. Local high schools. Relationships with local high schools will be helpful in recruiting students. The emphasis will be on working with the high school guidance counselor. High school students may be encouraged to visit the college program and perhaps to develop human service clubs which do volunteer work in collaboration with the agencies and the college program. It might also be desirable to establish special preparatory programs in the high school and early enrollment programs in the college program for selected students. High school classes in psychology and sociology are especially promising places to plan such programs and to recruit students.

2. Intracollege. The mental health/human service program will want close relationships within its own college in order to share faculty and resources. For example, it may be desirable to have someone from the department of nursing teach about medications and first aid, while the mental health/human service instructor helps out in teaching mental health nursing. Some of the areas in which there might be especially close ties are the social science department, department of nursing, the counseling service, the instructional materials center and the community relations office.

3. Intercollege (other community colleges). Relationships with other community college human service programs may help in sharing instructional materials and field placements. If all the community colleges in a state work together they will be more effective in developing job descriptions and appropriate salaries in the state personnel system.

4. Intercollege (with senior colleges). It may be possible to share library materials and field supervisors with nearby senior colleges and professional schools. There should be collaboration rather than competition for field placements and field instructors. It will also be desirable for the community colleges to establish relationships

with senior colleges to facilitate the transfer of credits for students who wish to transfer and continue their education toward a bachelor's degree. The senior colleges need an understanding of the mental health/human service programs and a way to evaluate the graduates for transfer.

SECTION IV

ADMINISTRATION

12

Administrative Leadership

There is a considerable amount of administrative leadership to be exercised in conducting a mental health/human service program. College officials need to recognize that there are definite administrative responsibilities in this position, and the mental health/human service program director must function as an administrator rather than primarily as a teacher. He or she will organize activities, establish structures, systems, records and relationships that would not ordinarily be a part of teaching duties. For these reasons it is generally recommended that the program director have some previous administrative experience in an agency setting rather than having only teaching or only clinical experience.

SCOPE OF ADMINISTRATIVE DUTIES

Much of the literature on administration leaves the impression that the administrator is concerned only with the programs, staff and resources for which he has direct responsibility. However, this is not the case in administering a

mental health/human service program. There are also many administrative functions that are external to the program itself, but which are crucial to its success.

Internal Administrative Functions

Among the internal administrative functions of the program director and faculty are:

Setting the objectives for the program. This is perhaps the most important function of all, for it provides the framework within which the program will be designed and operated. And it provides the basis upon which resources, authorizations and external relationships will be negotiated with the rest of the college and the community. If the program has a well-articulated statement of its objectives, the answers will be provided automatically for most of the questions that will be asked by deans, presidents, other departments of the college and outside agencies.

Setting the curriculum objectives and plans. This may be done by a committee of faculty rather than by the program director, but it is the program director's responsibility to establish the mechanism, set the guidelines and schedules and see that it is done.

Establishing written policies regarding many aspects of the program, such as:

Recruitment, orientation and personnel practices regarding faculty

Recruitment, selection and promotion or dropping of students

Field placements

Evaluation of students, faculty and the program.

In preparing these policies the program director may use the advisory committee and committees of the faculty, but again it is the responsibility of the program director to establish the mechanism, set guidelines and schedules to see to it that they are satisfactorily completed and promulgated to

appropriate persons in the program, in the college and in the community. Obviously, such policies must be consistent with the overall college policies, but often there are more specific points to be elaborated for the mental health/human service program.

Preparing and administering the budget for the program. This will include making up the initial budget plan, making necessary modification and then keeping account of expenditures as the program progresses.

Recruiting, selecting and orienting full-time and part-time faculty.

Recruiting, selecting and counseling students.

Evaluating students, faculty and the overall program.

Directing and coordinating the overall program. This involves directing people, setting schedules, monitoring progress, sensing and resolving problems and conflicts and making program modifications when indicated.

Ordering or preparing special equipment, supplies, library materials, etc.

Preparing reports of progress, problems, etc.

External Administrative Functions

There are many external administrative functions of the program director that are important to the overall success of the program. These include:

Assessing community needs. The initial assessment of community needs for middle-level workers may have been done before the program director was employed, but if not, this becomes his or her responsibility. In any case, it will be necessary to reassess the needs every few years as the community will change its programs and its perceptions of the usefulness of mental health/human service workers.

Working with the advisory committee. The advisory committee may also have been established before the program director was employed. If not, this will be his or her task. The program director will establish by-laws, and work with the committee's chairman to arrange meetings, send out notices and materials, prepare and send out minutes of meetings, etc. He or she will also be responsible for new appointments as terms of members expire or as vacancies occur.

Working with college officials to obtain funding. Once the program director has prepared the budget, he or she must work with deans, division directors and fiscal officers to plan strategies for obtaining funds. The procedures for doing this vary from school to school, but the program director must become knowledgeable about what those procedures and schedules are. He or she should then be prepared to make adjustments in the budget once the college officials have the final budget approval. He or she will then negotiate with the division director or dean any later changes in budgets that turn out to be desirable.

Working with outside agencies to obtain special grants or contracts for additional funds. This will include preparing grant requests and contract drafts, clearing them with the college officials, especially deans or division directors and the college's grants manager, if there is one. Then there will be the work of negotiating with outside funding agencies, hosting site visits and making any necessary budget modifications when the grant is awarded.

Working with other departments of the college. This includes working with various departments of the college to make other courses relevant to the mental health/human service program, and to exchange teaching with other departments. This may involve working out the relationships with the counseling service.

Negotiating with division directors or deans regarding sanction for unusual teaching techniques, such as videotape playbacks, encounter groups, role playing, simulations and practicum work. Clear objectives and documentation of what is going on in other colleges are vital.

Negotiating field placements and preparing contracts, guidelines, schedules and faculty appointments for supervision. In large schools there may be a director

of field placements who monitors this activity, but it is often the director's job and certainly his or her responsibility to see that it is done.

Negotiating for jobs for graduates. This also includes working with staffs of agencies to acquaint them with what mental health/human service workers are, their training, their competencies and how to use them.

Arranging and conducting public relations and community relations. This will include relationships to the media, local professional groups, local voluntary groups and local human service agencies and institutions.

Negotiating with other colleges regarding sharing faculty and resources, transfer of credits and students. Four-year colleges and graduate schools as well as other community colleges are included.

Serving as liaison with national and regional groups regarding professional development of the mental health/human service movement, faculty development and program accreditation or approval.

ISSUES IN ADMINISTRATIVE PRACTICE

Experienced mental health/human service program directors, division directors and college deans and presidents agree that there are certain practices that make for successful administration of a program. Among them are:

A Clear and Complete Set of Program Objectives

The statement of objectives becomes the basis upon which all of the administrative and instructional functions are based and justified. The statement of objectives provides direction and guidance for all parties--college officials, faculty, students and field agencies.

Knowledge of the College and of External Groups

The program director should be knowledgeable about the college and about the external groups to which the program relates. This includes rather detailed knowledge of such matters as:

How the college's budget is prepared and negotiated with state or local officials

What outside grants are available and the policies and procedures of the funding agencies

What the college's objectives, policies and procedures are regarding faculty and personnel practices, student policies, off-campus learning, field training, outside certification, etc.

How field agencies are organized, funded and administered

Handling Special Requests

The program director must clearly think through the consequences of special requests he or she wants to make of the college or outside agencies. Ideally the director will have thought through all of these requests and will give to college officials or outside persons a complete analysis of the problem or need, the alternatives, and a recommended solution and the reasons for it. The program director should avoid presenting problems or impulsively conceived notions that have not been analyzed. Problem areas may be explored with these persons, but not dumped in their laps for them to solve.

The effective administrator will take problems to his faculty and students for their suggestions, but will take proposed solutions to his division directors, dean, president

and outside groups. Of course, proposals should also be consistent with the policies and objectives of the college and the outside agencies or groups.

Establishment of Systems, Schedules, Procedures

The program director will establish systems, schedules and procedures that allow faculty, students and clerical staff to function with assurance of what is to be done, when and how. It allows the program director to meet his time and schedule commitments to the college administration regarding budgets and reports.

It requires a considerable degree of personal organization on the part of the program director to get all of the many activities accomplished. He or she must be able to schedule time so that outside relationships, planning, program evaluation and program modification as well as day-to-day activities are all taken care of. He or she must allow sufficient lead time to meet schedules.

Written Communications

The program director will put the objectives, policies, procedures, schedules, agreements, proposals, etc., in writing whenever possible. These can be dated, coded and otherwise systematized and distributed to all appropriate persons--students, faculty, college officials, the advisory committee and community agencies. Communication is a critical element of administration, and it is best done in writing once arrangements are agreed upon.

ADMINISTRATIVE STYLES

The program director will have to choose an administrative style that suits his or her own personality and still gets the job done. Some of the options are:

Democratic Participatory Management

With this type of management, virtually all of the faculty and staff are involved in considering issues and recommending policies. This is generally considered to be a highly desirable administrative style by mental health/human service professionals. It has certain hazards, however. It tends to be slow and it may lead to friction of the staff if issues are not skillfully handled.

It is important for the administrator who uses this type of management to realize that he or she must affirm a policy and take steps to implement it. The fact that the staff has recommended a certain policy does not automatically affirm it or implement it.

Another hazard lies in the occasional tendency of the staff to vote for policies on a personal basis rather than on the basis of what is really needed.

Management by Committee

This is a style in which there are committees of staff assigned to certain functional areas (i.e., curriculum, student affairs, personnel), and all relevant matters are referred to the appropriate committee for study, policy development and

implementation. This is especially helpful in large programs. The program director's responsibility then becomes one of defining the committee's charge, membership, time deadlines and coordinating and affirming their actions.

Personal Direction

This may be of an autocratic or charismatic style in which the program director makes most of the plan policies and decisions and does most of the work himself. This is often the only alternative in a very small, one- or two-person department. It has the advantage of keeping the program coordinated and quick to respond. However, it is very taxing on the program director.

ISSUES IN NEGOTIATING SPECIFIC PROGRAM ACTIVITIES

There are some issues for the mental health/human service program director to keep in mind when negotiating specific activities for which he or she has responsibility. Among them are:

Negotiating the Budget

The program director should learn the budget process which the college itself must undergo and be prepared to work within that system.

The program's budget narrative and documentation should be complete, but also stress a few highlights. When the college officials plead for their budgets before county commissioners or state officials, they are usually given

only a few minutes during which they can stress only a few highlights that seem to strengthen the college's case. If the mental health/human service program director has already stressed these highlights in detail, the college officials are likely to pick them up in their presentation.

The political process that allocates funds to public agencies is only partly rational and so the program director must be prepared to make modifications in the budget plan once the budget is allocated. The program director should have in mind where he or she would make cuts, since the modifications are most likely to be cuts. Cuts are likely to be rather minor (i.e., 5 percent), so that it is usually possible to live with them.

The program director should learn what budget terms and standards are most important in his college and use those terms in his preparation. In many colleges the standard is the "Full Time Equivalents" that are generated by each program and costs per student. However, these are calculated in different ways in different colleges.

Requesting Special Arrangements

In pleading with college officials for special arrangements for the program, the program director should stress the ways in which his or her program is similar to other programs in the college or in other colleges, rather than stressing the differences. There is strength in numbers. The college administrator is likely to be exasperated with the fact that

every program feels that it is "different" and has special needs. The mental health/human service program director can help by:

Stressing how this program's needs are similar to those of other programs on campus (i.e., many allied health programs require laboratory or field placement hours in local hospitals).

Stressing what is being done in mental health/human service programs in other colleges. Use materials from other colleges or from SREB.

Stressing how the programs's needs are related to the program's objectives.

Having the administrative director attend national or regional workshops on mental health/human service to gain a better understanding of these programs.

Stressing all of the "legitimizers" he or she can (i.e., recommendations from the literature, the program objectives, the advisory committee, other colleges).

Negotiations Within the College

In negotiating with other departments or divisions of the college, the program director will initiate contacts and work out tentative arrangements, but formal agreements will be confirmed in writing after approval from appropriate division heads or deans. If conflicts arise in such negotiations, the division director must be involved.

It is helpful if program directors or other faculty persons who negotiate with persons outside of the mental health/human service program have titles that indicate managerial roles such as "Program Director" or "Coordinator of Field Placements" rather than just professional rank.

The program director should be aware that when problems reach the dean's office they usually represent lack of clear objectives, poor communications or lack of clear course outlines.

The program director should be prepared to negotiate. This means give and take. He or she will come well prepared with background information, explicit statement of the problem or need, alternatives that have been clearly thought out and recommendations. He or she should be specific, honest and open, and should initiate communications. He or she should try to understand both sides of an issue.

Internal Audit and Accreditation Programs

The college is always interested in knowing whether its programs are good programs and whether they are doing the job they set forth in their objectives. The college officials are likely to look favorably on programs of internal audit and accreditation.

Internal audit procedures are especially welcomed by administrators.

Program accreditation or approval is likely to be favored, but with certain reservations:

What does it cost?

Is it required and what does it mean to the college and to its graduates?

What other services come with certification such as consultation, publications, faculty development?

What short- and long-range commitments are required?

Negotiations with Outside Agencies

In negotiations with outside agencies, such as for field placements or community service work, the program director will work closely with college officials.

It often helps to involve the president or dean in initial contacts since he or she represents the authority of the college to the community.

The program director will document the time commitments and schedules that will be involved and whether additional staff are needed.

The program director will prepare written memoranda of agreement, most of which will be signed or countersigned by top college administrators as well as by top agency administrators. If these are to be contracts for exchange of money, they will require approval by the college's fiscal officer and attorney.

COLLEGE RECOGNITION OF PROGRAM DIRECTOR'S ADMINISTRATIVE ROLE

The college and its administrators and supporting bodies should also recognize that there are substantial administrative duties in conducting a mental health/human service program. There are several ways in which this recognition can be shown:

Give the program director a title that reflects managerial status.

Allow the program director sufficient released time from classroom responsibilities to carry out the administrative duties.

Employ the director sufficiently ahead of the scheduled beginning time for classes so that

he or she can do the large amount of planning required to set objectives, policies, schedules, recruit faculty and develop field placements. In many colleges the program director has been employed a full year ahead of time. This is required by many accrediting programs.

Provide sufficient funds for the program to allow for the administrative functions as well as for instructional costs.

Involve department heads in the administrative functions of the college. Realities of schedules and time sometimes make this difficult, but efforts should be made to involve department heads in budget preparations and policy formulation.

Periodically review the administrative performance of the program director and suggest ways in which improvements can be made.

13

Funding And Cost Analysis

Budgeting, funding and costing of mental health/human service programs is an area that presently lies outside the competence and, too often, outside of the concern of the mental health/human service program director. However, it is a matter that is rapidly becoming crucial as federal funds become less available and as state revenues for higher education are being eroded by inflation. The program director who is knowledgeable about fiscal matters will be in a better position to obtain funding from outside sources.

This chapter is divided into six parts: 1) narrative budget, 2) fiscal budgeting, 3) budget execution, 4) cost analysis, 5) funding, 6) funding resources. These sections are not mutually exclusive. Even if the program is supported entirely by college funds and tuition so that it does not need special outside funding, it is well for the program director to be aware of all financial issues.

NARRATIVE BUDGET

A narrative budget is essentially a narrative that describes the program's objectives and goals and how the program

and resources will be structured in order to accomplish them. It is the really meaningful part of any budget since it tells what the program is all about. A budget that has nothing but figures is almost meaningless. Often the narrative budget is called the "budget program plan" or the "budget justification."

The narrative budget includes:

A statement of the overall goals of the program and how it relates to the needs of the community.

A statement of the specific objectives for the budget period under consideration. How many students will be enrolled and graduated? What staff development activities or community service workshops will be held?

A description of how the program will operate for this budget period. What courses will be offered? What field experiences will be used? What extra-curricular activities will be held? What special features will there be for any of these (i.e., travel funds for students to get to field placements, liability insurance, etc.)?

A description of what resources are available or will be needed for this program period. How many students are available for each year? What faculty are available or will be needed? What special equipment or facilities such as videotape or audiotape will be needed? What agencies and arrangements will be used for field placements? What resources of the college such as the audiovisual department or other academic departments will be used? What community resources such as an advisory committee, special lecturers, or part-time faculty will be used?

A description of any special problems or needs and how the program plans to overcome them. What are the time limitations? What special problems for graduates exist regarding job descriptions or agency understanding? What special recruitment problems exist?

The narrative budget is written in paragraph or outline form. It helps to be specific and graphic in the description for it is this part of the budget that really brings the program to life for deans, presidents, budget officers, funding agencies and persons who must make judgments about it. It is well to avoid long-winded generalities but adequate detail should be provided.

FISCAL BUDGET

A fiscal budget is the listing in dollars of the anticipated expenditures to accomplish the objectives in the narrative budget. It should be a direct reflection of the program plans as described in the narrative budget. Even if the college administration does not require such a budget, the program director would do well to prepare one. It can be a powerful tool in maximizing resources, and it will surely be needed to seek funds from outside sources.

The program director can often win special support by preparing such a budget and taking it to the financial officer for discussion and negotiation. This increases awareness of the mental health/human services program and develops a respect for the program's administrative ability. The program director may be able to negotiate for needed items by pointing out savings in certain areas.

Budgets are frequently requested at different levels such as minimum, continuation and optimal.

The minimum budget is the least dollar figure that could be managed.

The continuation budget is the figure that would be required to offer essentially the same program as before. There are always increases required by inflation, salary raises, etc.

The optimal budget is one that reflects an ideal program. Each expansion item should be categorized and justified.

The format of the budget varies from school to school. Some programs prefer a program budget, others a category budget and others a line item budget.

A program budget gives the total amount of dollars required for each program such as classroom instruction, field instruction, community service, etc.

A category budget shows the dollars according to major categories. This is a common budget format. Some common categories are:

Salaries and fringe benefits	Teaching materials
Supplies	Equipment
Library	Travel
Consultant fees and expenses	Film rental
Telephone and postage	Capital construction
Miscellaneous items	Stipends

A line item budget is one that spells out each item and the amount assigned to it.

Budget preparation should be honest and direct. It is usually poor practice to pad a budget.

A few points should be kept in mind in preparing the budget:

What is the state of funds previously allocated to the program? If there are large amounts of money still unspent, there should be an explanation for these, together with a recommendation

for applying the unspent funds to the new budget period.

There should be an explanation of exactly what is involved in budget items that are not fully evident from the narrative budget, such as exactly what fringe benefits are included or what major items make up the "miscellaneous category."

There should be documentation of items that will be shared with other programs or departments of the college or items that are being contributed. List equipment or courses that will be shared. Note the contributed salaries of field instructors, etc.

The budget should document funds from all sources. This will be useful for obtaining support when special grants expire. This will require a breakdown of budget items to be assigned to various funding sources as well as the totals.

A budget ideally will show the current period's budget as well as the figures for the proposed budget period. Any discrepancies that are not already explained in the narrative budget should be justified here.

BUDGET EXECUTION

Once the budget is established and approved, the program enters into the period of operation. This is the period of budget execution or carrying out of the budget. There are several points for the program director to attend--monitoring expenditures, documenting expenditures and modifications of the budget.

Monitoring of expenditures is best done by the program director. Generally the college will provide a computer print-out of the funds expended each month and the balance. However, this print-out is often one or two months behind in showing

certain expenditures, and it may have a few expenditures incorrectly assigned to the wrong budget category. Therefore the program director will do well to keep his or her own records and reconcile them with the print-outs from the business office. Discrepancies should be brought to the attention of the business office as soon as possible. If marked deviations of expenditures from the budget are noted, the program director should know why and should take whatever corrective action is indicated.

Documenting expenditures involves descriptions of expenditures in sufficient detail that they are clear enough to be properly assigned and identified. This is especially true for "miscellaneous" or "petty cash" items, but it is also necessary for certain travel items or supply items. Anytime there is an extraordinary expenditure, there should be a special documentation.

Documentation includes the date, a specific description of the item, its cost, its purpose and any special features about it. It should also be signed or initialed by the responsible person. Such a record will help later when final audits are made of the accounts.

It will sometimes be desirable to ask all faculty to keep records of their time and activities in order to document the need for their positions or for additional positions. These time records should also be very specific in showing when, where, how long, with whom and for what purposes.

Modification of the budget is often necessary, especially if there have been unanticipated program changes or unusual expenditures for certain categories. Budget modifications should be made whenever it is evident that major program changes must be made. Budget modifications are usually discussed and agreed upon ahead of time with all parties, and are then formally requested and approved in writing. There should be written documentation of the reasons for the modification as well as the figures to be changed. Copies of budget modifications should be sent to all involved parties.

COST ANALYSIS

Cost analysis is a technical subject and one to which most college program directors pay no attention. However, it is often the basis upon which college administrators or budget officials decide whether to assume responsibility for a program that has been funded under a grant or whether to discontinue a program in times of economic downturns. It behooves the mental health/human service program director to have some basic understanding of cost analysis so that he or she can argue his or her own case.

Costs are assigned values which are calculated by dividing expenditures by some arbitrarily chosen factor that is felt to be significant. As an example, a mental health/human service program director purchases a video-tape machine for $4,500 (the price). The total expenditure

including sales tax and delivery charge was $5,000. The machine is estimated to have a useful life of 5 years. There are 20 students in each class. The cost of the videotape machine might then be assigned as:

$1,000 per year, or

$50.00 per student (20 students for 5 years), or

$250.00 per graduate, if it is all assigned in the first year (20 graduates).

It is important for the program director to know how the college assigns costs and what items are included in that calculation. Some common bases for assigning costs in colleges are:

Costs per full-time enrolled student or equivalent (F.T.E.)

Costs per graduate

Costs per credit hour

Very often these costs are calculated on instructional expenditure (salaries) only. It is easy to see how a program that allows general students to elect mental health/human service courses or a program that encourages part-time students may have a high cost rate on full-time students and graduates without being aware of the problem. Also a program may show up poorly in contrast to another allied health program if it uses relatively more paid faculty but far less laboratory equipment when the costs are calculated on the basis of salary only.

The mental health/human service program director who becomes knowledgeable about these cost issues and is critical in record-keeping should be able to identify ways to show a favorable cost ratio for the program. The program director will analyze relative costs of the program for such items as:

Space in classrooms, offices and laboratories

Manpower (salaries) including himself or herself, field supervisors and secretaries. Much of this item is donated by field instructors and should be calculated as a saving.

Supplies and materials

Major equipment including laboratory equipment for programs

Travel to conferences and to establish and supervise field placements

Consultants and guest speakers

If all of these expenditures are included in the calculation of costs for all college programs, mental health/human service programs are likely to show up favorably. It is still necessary to have a reasonably adequate enrollment of students. If there are only 6 or 8 students in a class, the costs--calculated on almost any basis--will be high. The larger the enrollment of students, the lower will be the costs of the program. The task of the program director is to lower costs while increasing or maintaining the quality of the graduates.

In regard to cost analysis, the program director must be able to identify expenditures that are not properly assigned to instruction of students and see to it that they are not

included in the cost-per-student calculations. These would include time spent on community services or teaching non-mental health courses in the colleges, planning and fund raising, expenses for community workshops and exhibits related to recruitment of students.

FUNDING

There are many sources of funding for mental health/human service programs. Perhaps the two most common are the regular appropriations to the college from state and local governments and student tuition. There are also other funds that may be obtained as grants or contracts fron various federal or state agencies.

In order to obtain funding from the basic college sources, it will be necessary for the mental health/human service program director to prepare a narrative budget and a fiscal budget. If the program director does not, the dean or division director will and such budget is likely to be smaller and more general than the budget that the program director would prepare.

Obtaining grants or other outside funding usually takes some special knowledge and effort. There may be a fiscal officer or grants manager within the college who can help the mental health/human service program director, but more likely the program director will have to write his or her own grant request. In any case, the fiscal officer of the college should be consulted and kept closely informed of grant applications.

It is necessary for the mental health/human service program director to learn about possible funding sources, procedures and deadlines. This will require some time and the college should be prepared to provide this time exclusive of teaching duties. He or she must obtain copies of regulations, procedures, application forms, and prepare the applications in accord with changing emphases. This includes:

Learning about the mission of the agency, foundation or program from which funds are being sought. What is its history, structure, area of emphasis? What kinds of projects has it funded in the past? What are its procedures? Informal contact helps.

Preparing a thorough description of the college and the mental health/human service program, including its history, objectives, record of achievement, students, graduates, and biographical data on the faculty.

Writing a proposal of what is to be done in the project. It should include:

What is to be done--specific goals and long-range objectives.

Why it should be done. What is the need and why is it important for this project to resolve the problem?

Who will benefit and how?

How long will it take and when will results be visible?

What will be required to do it--staff, equipment and supplies?

Preparing a narrative budget for the program elements for which funding is being sought. It is always best to present the grant request in the form of clearly detailed "program improvement" or "expansion" rather than basic support. It is important to follow the guidelines carefully.

Preparing the fiscal budget. This is a detailed procedure and shows relationships to other sources of funding. The fiscal officer of the college must be consulted here. Instructions must be followed including documentation of any items that are not self-explanatory and writing "not applicable" in spaces that do not apply.

Sending the completed and signed application to the appropriate person in the appropriate regional or national office. It is frequently helpful to have sent earlier drafts of the proposal to program officers of the funding agency before the final application. Foundations and agencies often provide consultation on draft proposals. The formal application procedure may require that the final completed application be sent to the grant management office. It is important to follow the procedures and time deadlines very closely.

Obviously grant or proposal writing takes a good bit of time. It is seldom possible to write a grant in less than six weeks. The lead time required for preparation, submission and review of federal, state or foundation grants is typically from six months to a year. This includes informal consultation regarding the proposal, the actual writing and preparation of budgets and affidavits of tax status, site visits, staff and committee review and final award.

FUNDING RESOURCES

A major activity at the very beginning of a mental health/human service program is learning about possible funding sources and making early informal contacts with them. College and local public libraries may have helpful publications on funding sources and on grantsmanship. The Foundation Directory is one possible resource. Also the federal government puts out a periodic

listing of all support programs. Since these programs are constantly changing, it is a good idea to review the listing regularly. Librarians often know of local funding sources.

At the state agency or local agency level it may be possible to work out sources of help that are not direct funding. For example, these agencies may pay tuition for psychiatric aides or attendants to enroll in the program, or staff persons may be assigned as part-time faculty. Initial contacts for such arrangements are best made with agency program leaders rather than with fiscal officers who are usually not as much involved with program needs as the program people who ultimately make these decisions.

Many of the federal agencies have regional offices that can be consulted regarding their programs. The regional offices generally provide the best initial contacts. From there they may call or refer to the central office. There are many agencies within the Department of Health, Education and Welfare, including the National Institute of Mental Health, the Social and Rehabilitation Service, the National Institute of Drug Abuse, the National Institute on Alcoholism and Alcohol Abuse, the Office of Human Development with its Office of Child Development and Administration on Aging, the Developmental Disabilities Administration, the Office of Education with its Vocational Education Program and Bureau of Education for the Handicapped. Also the Departments of Labor and Justice have programs in the general human service area. Obviously each one of these program

areas has its own special focus and its own jargon. Any grant proposals sent to them should be designed to meet the particular concerns and program focus of that specific agency.

In preparing funding requests it is always well to show that the program is closely linked to a wide range of local resources and agencies for sharing and maximum use of available resources. This might include cooperative arrangements with other two-year or four-year colleges for sharing field or classroom instructors, library resources and special equipment. It might also include agreements with local or state agencies to share facilities and help each other. Local industry might provide some help. Whenever possible these sharing arrangements should be confirmed by letter and a copy of the letter attached to the grant request to the funding agency. It is also well to obtain letters of support for a grant request from local or state agency leaders in order to document the need for the program and the readiness of local agencies to cooperate with it.

The mental health/human service program director who has established contacts with a wide variety of state and local agencies is in a good position to know of new policies or programs that are about to be implemented such as deinstitutionalization of programs, alcohol treatment programs, children's treatment programs for which the college program might provide training with funding from the state or local agency. These programs might be taught in the agencies themselves rather than on the college campus.

These are some of the places to go to seek information about possible funding sources. Not all of these sources have funds listed that may be directly available to community colleges, but they may provide leads. Many agencies and foundations change their policies and programs frequently, so it pays to keep making inquiries and to keep up with major federal legislation and changes in regulations.

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Publications

These publications are available, at a nominal cost, from the Southern Regional Education Board.

ROLES AND FUNCTIONS FOR MENTAL HEALTH WORKERS (1967)

PLANS FOR TEACHING MENTAL HEALTH WORKERS (1971)

INDUCTION AND USE OF ASSOCIATE DEGREE WORKERS IN THE MENTAL HEALTH SYSTEM (1973)

CREATION OF A DISCIPLINE: MIDDLE LEVEL MENTAL HEALTH WORKERS (1974)

A KIT FOR REVIEW OF MENTAL HEALTH WORKER TRAINING PROGRAMS (1974)

TEACHING MATERIALS CURRENTLY USED IN MENTAL HEALTH WORKER TRAINING PROGRAMS (1974)

For information about the videotapes mentioned in the text, write to the Mental Health Program, Southern Regional Education Board.

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